



# LIVE UNITED

## Analysis of United Way of Summit County's 990

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

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

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

Additionally, you can see the impact of our merger with Info Line, Incorporated which occurred in July 2018. After that merger, UWSC added two programs: Housing Services and 211. These programs have intensified our commitment to providing basic needs within the Summit County community. As these programs included substantial existing grant funding, our grant revenue in FY19 is nearly 15 times what it was in FY18 – an overall increase of \$1.7M.

In FY19, we saw the continued positive impact of intentionally decreasing solicitations of major donors who pass through their entire gift to third party agencies. Our overall total revenue increased by \$3.2M while designations dropped by an additional \$500K over FY18. 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. Accordingly, UWSC was able to sustain an increase in investments to community partners during FY19 by \$1M over FY17 levels.

Our strong revenue performance in FY19 allowed us to continue our strategic investments in our staff and programmatic work. We expanded the reach of our Financial Empowerment Centers in partnership with the City of Akron to include mobile units serving neighborhoods and specific workforces in need of those services in locations convenient to them. In FY19 we continued planning for the launch of our Family Resource Centers which will provide wraparound services to students and their families in the Helen Arnold and Robinson CLC school communities beginning in the 2019-2020 school year.

We also saw continued growth in our community engagement events like Day of Action, Stuff the Bus, Holiday Snack Packs, and Page it Forward. Additional outcomes and metrics for these and other UWSC programs are included in Schedule O of our 990.

UWSC has continued our firm commitment to managing operational expenditures while working to achieve the highest possible results. In addition to ongoing budget monitoring, our strategic goals include maximizing return on investment (ROI) to our donors. Emphasizing ROI challenges us to continually find ways to multiply the return on every donor dollar measured by evidence-based benefits to our community. During FY19, an investment of \$1 into UWSC created \$8 of impact in our community.

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

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

**2018**

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.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

<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>14,580,932.</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 If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <b>JIM MULLEN</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<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>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>L</b> Year of formation: <b>1951</b> <b>M</b> State of legal domicile: <b>OH</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	<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>49</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>49</b>
	<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>74</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>6521</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>700.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>10,614,484.</b>	<b>13,740,792.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>227,609.</b>	<b>592,629.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>205,189.</b>	<b>107,314.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,158.</b>	<b>-159,272.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>11,056,440.</b>	<b>14,281,463.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>5,573,913.</b>	<b>6,209,891.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,954,221.</b>	<b>4,403,429.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>832,279.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,735,124.</b>	<b>3,267,902.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>10,263,258.</b>	<b>13,881,222.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>793,182.</b>	<b>400,241.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>14,255,870.</b>	<b>End of Year</b> <b>15,869,785.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,226,315.</b>	<b>2,451,591.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>13,029,555.</b>	<b>13,418,194.</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>10-28-19</b>			
	Type or print name and title <b>JIM MULLEN, PRESIDENT</b>				
<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>CLIFTONLARSONHILLEN LLP</b>	Firm's EIN ▶ <b>41-0746749</b>	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? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 7,227,686. including grants of \$ 6,209,891.) (Revenue \$ 514,703.) COMMUNITY IMPACT - COMMUNITY IMPACT IS THE EFFORT TO ALIGN RESOURCES AROUND COMMON STRATEGIES TO ACCOMPLISH BOLD GOALS. UNITED WAY OF SUMMIT COUNTY BRINGS TOGETHER NON-PROFIT AGENCIES, GOVERNMENT AGENCIES, TOPICAL EXPERTS, VOLUNTEERS AND FUNDERS TO PLAN AND WORK COLLABORATIVELY TOWARD ACHIEVING COMMUNITY-WIDE OBJECTIVES. AS PART OF THAT EFFORT, WE INVEST RESOURCES IN NONPROFIT AGENCIES, INTERNAL PROGRAMMING AND VOLUNTEER ACTIVITIES THAT HAVE A TRACK RECORD OF IMPROVING EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY.

NOTE THAT HOUSING SERVICES AND 2-1-1 ARE NEW PROGRAMS TO UWSC AS A RESULT OF THE JULY 2018 MERGER WITH INFO LINE, INC.

4b (Code: ) (Expenses \$ 1,152,755. including grants of \$ 0.) (Revenue \$ ) HOUSING SERVICES - OUR HOUSING SERVICES DEPARTMENT SERVES AS THE COMMUNITY'S FRONT DOOR AND CENTRAL INTAKE FOR HUD-FUNDED SHELTERS AND PERMANENT SUPPORTIVE HOUSING PROGRAMS IN SUMMIT COUNTY AS WELL AS THE LOCAL CONTINUUM OF CARE FOR ADDRESSING HOMELESSNESS IN THE COMMUNITY. OUR HOUSING SERVICES PROGRAM ADMINISTERS THE COMMUNITY'S HOMELESS MANAGEMENT INFORMATION SYSTEM AND OVERSEES DATA COLLECTION FOR HOMELESSNESS IN THE COMMUNITY WHILE ALSO OFFERING OUR OWN SUITE OF SERVICES TO RAPIDLY REHOUSE HOMELESS RESIDENTS OF THE COMMUNITY AND TO PREVENT HOMELESSNESS IN THOSE THREATENED BY IT. THIS YEAR, THE PROGRAM PROVIDED 1,216 INSTANCES OF RENTAL/SECURITY DEPOSIT ASSISTANCE ACROSS 260 HOUSEHOLDS (INCLUDING 279 ADULTS AND 144 CHILDREN). 186 OF THESE HOUSEHOLDS WERE HOUSED DURING THE YEAR, INCLUDING 197 ADULTS AND 85

4c (Code: ) (Expenses \$ 628,992. including grants of \$ 0.) (Revenue \$ ) COMMUNITY ENGAGEMENT - UNITED WAY OF SUMMIT COUNTY PROMOTES CORPORATE AND COMMUNITY VOLUNTEERISM THROUGH A ROBUST CALENDAR OF YEAR-ROUND ENGAGEMENT EVENTS AND, IN OUR 100TH YEAR, MORE THAN 3,800 VOLUNTEERS ANSWERED THE CALL. IN JUNE, WE HOSTED OUR ANNUAL DAY OF ACTION WHERE 1,780 VOLUNTEERS PROVIDED SERVICE AT 64 SITES THROUGHOUT SUMMIT COUNTY. OUR STUFF THE BUS EVENT EXPANDED FROM SERVING 11 ELEMENTARY SCHOOLS TO 23 THIS YEAR, PROVIDING STUDENTS WITH 235,000 SCHOOL SUPPLIES TO ENSURE THEIR SUCCESS IN THE CLASSROOM. READ TO ME DAYS IN NOVEMBER AND MARCH ENGAGED OVER 400 VOLUNTEERS IN READING THEIR FAVORITE BOOKS TO CLASSROOMS IN OUR MOST AT-RISK SCHOOL DISTRICTS. OUR HOLIDAY SNACK PACK DRIVE RALLIED 585 VOLUNTEERS TO COLLECT, SORT AND DELIVER HEALTHY SNACK TO THE STUDENTS IN 13 ELEMENTARY SCHOOLS, GUARDING AGAINST FOOD

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

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

**Part IV Checklist of Required Schedules**

	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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>2</b> 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> .....	<b>3</b>	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> .....	<b>4</b>	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> .....	<b>5</b>	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> .....	<b>6</b>	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> .....	<b>7</b>	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> .....	<b>8</b>	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> .....	<b>9</b> 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> .....	<b>10</b> 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> .....	<b>11a</b> 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> .....	<b>11b</b> 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> .....	<b>11c</b>	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> .....	<b>11d</b> 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> .....	<b>11e</b> 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> .....	<b>11f</b>	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> .....	<b>12a</b> 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> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	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> .....	<b>14b</b>	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> .....	<b>15</b>	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> .....	<b>16</b>	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> .....	<b>17</b>	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> .....	<b>18</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<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> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax filings, and organizational compliance.

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 (49), 1b (49), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [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		X				0.	0.	0.
(2) MARK KROHN VICE CHAIR	4.00	X		X				0.	0.	0.
(3) MICHAEL MAZZEO TREASURER	2.00	X		X				0.	0.	0.
(4) BROCK STEERE SECRETARY	2.00	X		X				0.	0.	0.
(6) SANDY AUBURN TRUSTEE	1.00	X						0.	0.	0.
(7) ELIZABETH BARTZ TRUSTEE	2.00	X						0.	0.	0.
(8) VISHAL BHATT TRUSTEE	1.00	X						0.	0.	0.
(9) NICHOLAS BROWNING TRUSTEE	1.00	X						0.	0.	0.
(10) TRACI BUCKNER TRUSTEE	1.00	X						0.	0.	0.
(11) TIMOTHY BURKE TRUSTEE	1.00	X						0.	0.	0.
(12) CYNTHIA FLYNN CAPERS TRUSTEE	2.00	X						0.	0.	0.
(13) PAUL CATANIA TRUSTEE	2.00	X						0.	0.	0.
(14) MICHELE CERMINARO TRUSTEE	2.00	X						0.	0.	0.
(15) ANNE CLARK TRUSTEE	1.00	X						0.	0.	0.
(16) WILLIAM CONSIDINE TRUSTEE	1.00	X						0.	0.	0.
(17) ROBERT COOPER TRUSTEE	1.00	X						0.	0.	0.
(18) LAURA CULP 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			
(19) JENNIFER DALE FOX TRUSTEE	1.00	X						0.	0.	0.
(20) LAURA DUDA TRUSTEE	1.00	X						0.	0.	0.
(21) WILLIAM FETH TRUSTEE	1.00	X						0.	0.	0.
(22) DUSTIN FOX TRUSTEE	1.00	X						0.	0.	0.
(23) STUART GLAUBERMAN TRUSTEE	1.00	X						0.	0.	0.
(24) EMMANUEL GLOVER TRUSTEE	1.00	X						0.	0.	0.
(25) DANIEL HERRIGAN TRUSTEE	1.00	X						0.	0.	0.
(26) DAVID JAMES, SR. TRUSTEE	1.00	X						0.	0.	0.
(27) DAVID JENNINGS 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>								279,590.	0.	65,952.
<b>d Total (add lines 1b and 1c)</b>								279,590.	0.	65,952.

**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 **2**

	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			
(28) KIMBERLY JONES TRUSTEE	1.00	X						0.	0.	0.
(29) HALLE JONES CAPERS TRUSTEE	1.00	X						0.	0.	0.
(30) DOUGLAS KRAPF TRUSTEE	4.00	X						0.	0.	0.
(31) RICHARD KROCHKA TRUSTEE	1.00	X						0.	0.	0.
(32) BRANT LEE TRUSTEE	2.00	X						0.	0.	0.
(33) ANDRE LESSEARS TRUSTEE	1.00	X						0.	0.	0.
(34) BILL LOWERY II TRUSTEE	4.00	X						0.	0.	0.
(35) PHILIP MAYNARD TRUSTEE	2.00	X						0.	0.	0.
(36) MARC MERKLIN TRUSTEE	2.00	X						0.	0.	0.
(37) DAVID PARKER TRUSTEE	1.00	X						0.	0.	0.
(38) DERRICK RANSOM TRUSTEE	2.00	X						0.	0.	0.
(39) ILENE SHAPIRO TRUSTEE	1.00	X						0.	0.	0.
(40) JACQUELINE SILAS-BUTLER TRUSTEE	1.00	X						0.	0.	0.
(41) JOHN SLAGTER TRUSTEE	1.00	X						0.	0.	0.
(42) F. WILLIAM STEERE TRUSTEE	2.00	X						0.	0.	0.
(43) TIM STOVER TRUSTEE	1.00	X						0.	0.	0.
(44) KATIE SUTTER TRUSTEE	1.00	X						0.	0.	0.
(45) KATIE SWARTZ TRUSTEE	1.00	X						0.	0.	0.
(46) LINDA TEODOSIO TRUSTEE	1.00	X						0.	0.	0.
(47) SYLVIA TRUNDLE TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,628,021.	5,628,021.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	581,870.	581,870.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	378,042.	204,989.	121,871.	51,182.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,965,002.	1,607,733.	955,842.	401,427.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	192,916.	104,606.	62,191.	26,119.
9 Other employee benefits	630,202.	341,718.	203,162.	85,322.
10 Payroll taxes	237,267.	128,655.	76,489.	32,123.
11 Fees for services (non-employees):				
a Management				
b Legal	29,469.		29,469.	
c Accounting	40,472.		40,472.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,438.	21,927.	13,036.	5,475.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	265,008.	181,622.	38,038.	45,348.
12 Advertising and promotion	145,966.	79,148.	47,056.	19,762.
13 Office expenses	163,713.	88,771.	52,777.	22,165.
14 Information technology	134,711.	107,735.	17,438.	9,538.
15 Royalties				
16 Occupancy	390,229.	211,597.	125,800.	52,832.
17 Travel	29,023.	20,511.		8,512.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,114.	38,953.	19,435.	9,726.
20 Interest	38,706.	38,706.		
21 Payments to affiliates	131,652.	71,387.	42,441.	17,824.
22 Depreciation, depletion, and amortization	146,227.	79,290.	47,140.	19,797.
23 Insurance	36,182.	19,619.	11,664.	4,899.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>INTERNAL PROGRAM COSTS</b>	1,163,139.	1,163,139.		
b <b>ENGAGEMENT AND EVENTS</b>	334,166.	334,166.		
c <b>STAFF DEVELOPMENT</b>	46,359.	25,137.	14,945.	6,277.
d <b>ALL OTHER EXPENSES</b>	37,605.	2,672.	24,600.	10,333.
e All other expenses	26,723.	14,491.	8,614.	3,618.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	13,881,222.	11,096,463.	1,952,480.	832,279.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	14,281,463.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,881,222.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	400,241.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	13,029,555.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,602.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	13,418,194.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2a</b>	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>2b</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			
<b>2c</b>	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.			
<b>3a</b>	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>3b</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	X	

Form 990 (2018)





**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	13742490.	12376146.	11926097.	10614484.	13740792.	62400009.
<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 .....	13742490.	12376146.	11926097.	10614484.	13740792.	62400009.
<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) .....						1721669.
<b>6 Public support.</b> Subtract line 5 from line 4.						60678340.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	13742490.	12376146.	11926097.	10614484.	13740792.	62400009.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	364,497.	439,353.	129,726.	200,123.	172,614.	1306313.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					700.	700.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			7,122.	9,158.	5,985.	22,265.
<b>11 Total support.</b> Add lines 7 through 10						63729287.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,905,642.
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.21 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	94.66 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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 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 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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 <b>Part VI</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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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 <b>Part VI</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> .		
<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 <b>Part VI</b> the role played by the organization in this regard.		

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

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Multiple horizontal lines for supplemental information.



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

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

**Part I 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 .....

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

Schedule D (Form 990) 2018

**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	1,544,274.	1,467,745.	1,395,448.	1,595,029.	1,604,956.
b Contributions					
c Net investment earnings, gains, and losses	8,597.	121,291.	118,266.	-79,065.	59,949.
d Grants or scholarships					
e Other expenditures for facilities and programs	144,698.	44,762.	45,969.	120,516.	69,876.
f Administrative expenses					
g End of year balance	1,408,173.	1,544,274.	1,467,745.	1,395,448.	1,595,029.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  30.00 %
- c Temporarily restricted endowment  70.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

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

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		588,415.		588,415.
b Buildings		2,473,031.	53,043.	2,419,988.
c Leasehold improvements				
d Equipment				
e Other		789,256.	416,954.	372,302.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,380,705.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) BOARD HELD INVESTMENTS	4,195,558.	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>4,195,558.</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	614,849.
(2) INVESTMENTS HELD BY AKRON COMMUNITY FOUNDATION	1,340,921.
(3) OTHER INVESTMENTS	67,252.
(4) OTHER ASSETS	16,759.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>2,039,781.</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 )	92,414.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>92,414.</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.

1	Total revenue, gains, and other support per audited financial statements		1	11,646,961.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-28,130.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	16,528.	
e	Add lines 2a through 2d	2e		-11,602.
3	Subtract line 2e from line 1	3		11,658,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,438.	
b	Other (Describe in Part XIII.)	4b	2,582,462.	
c	Add lines 4a and 4b	4c		2,622,900.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		14,281,463.

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

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

1	Total expenses and losses per audited financial statements		1	11,258,322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		11,258,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	40,438.	
b	Other (Describe in Part XIII.)	4b	2,582,462.	
c	Add lines 4a and 4b	4c		2,622,900.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		13,881,222.

**Part XIII Supplemental Information.**

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

**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 16,528.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 2,144,962.

INTERNAL ALLOCATION REVENUE 437,500.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,582,462.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DIRECTED CONTRIBUTIONS 2,144,962.

INTERNAL ALLOCATION REVENUE 437,500.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,582,462.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>BOLD FUTURE BALL</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts .....	269,750.			269,750.
	<b>2</b> Less: Contributions .....	205,375.			205,375.
	<b>3</b> Gross income (line 1 minus line 2) .....	64,375.			64,375.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	86,853.			86,853.
	<b>7</b> Food and beverages .....	87,315.			87,315.
	<b>8</b> Entertainment .....	2,758.			2,758.
	<b>9</b> Other direct expenses .....	53,406.			53,406.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				230,332.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-165,957.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**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

**2018**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCESS, INC. 230 WEST MARKET STREET AKRON, OH 44303	34-1395246	501(C)(3)	88,046.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON AREA YMCA 50 SOUTH MAIN STREET AKRON, OH 44308	34-0714727	501(C)(3)	425,045.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON CHILDREN'S MUSEUM 216 SOUTH MAIN STREET AKRON, OH 44308	46-3118462	501(C)(3)	7,448.	0.			DONOR DESIGNATIONS
AKRON COMMUNITY FOUNDATION 345 WEST CEDAR STREET AKRON, OH 44307-2407	34-1087615	501(C)(3)	5,459.	0.			DONOR DESIGNATIONS
AKRON COMMUNITY SERVICE CENTER & URBAN LEAGUE - 440 VERNON ODOM BOULEVARD - AKRON, OH 44307	34-0714522	501(C)(3)	194,705.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
AKRON INNER CITY SOCCER CLUB 865 ROSLYN AVENUE AKRON, OH 44320	34-1875816	501(C)(3)	20,173.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2018)

**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 PREGNANCY SERVICES 105 EAST MARKET STREET AKRON, OH 44308	34-1439564	501(C)(3)	5,294.	0.			DONOR DESIGNATIONS
AKRON PUBLIC SCHOOLS 70 NORTH BROADWAY STREET AKRON, OH 44308-1911	27-2808059	501(C)(3)	100,161.	0.			DONOR DESIGNATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307-2234	34-1369388	501(C)(3)	28,145.	0.			DONOR DESIGNATIONS
AMERICAN RED CROSS OF SUMMIT, PORTAGE & MEDINA COUNTIES #35384 - P.O. BOX 73857 - CHICAGO, IL 60673-7857	34-0714526	501(C)(3)	18,556.	0.			DONOR DESIGNATIONS
ARCHBISHOP HOBAN HIGH SCHOOL ONE HOLY CROSS BOULEVARD AKRON, OH 44306-1500	34-0770684	501(C)(3)	20,713.	0.			DONOR DESIGNATIONS
ASIAN SERVICES IN ACTION, INC. AKRON - 730 CARROLL STREET - AKRON, OH 44304	34-1798850	501(C)(3)	140,872.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BATTERED WOMEN'S SHELTER AND RAPE CRISIS CENTER OF SUMMIT & MEDINA COUNTIES - 974 EAST MARKET STREET - AKRON, OH 44305	34-1249342	501(C)(3)	132,693.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
BOY SCOUTS OF AMERICA GREAT TRAIL COUNCIL - 4500 HUDSON DRIVE - STOW, OH 44224	34-0737790	501(C)(3)	15,498.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUBS OF THE WESTERN RESERVE - 889 JONATHAN AVENUE - AKRON, OH 44306-3606	34-1351557	501(C)(3)	124,111.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING FOR TOMORROW 100 WEST CEDAR STREET AKRON, OH 44307-2569	27-4254089	501(C)(3)	208,833.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CASA/GAL PROGRAM OF SUMMIT COUNTY 650 DAN STREET AKRON, OH 44310	34-1856268	501(C)(3)	11,086.	0.			DONOR DESIGNATIONS
CATHOLIC CHARITIES COMMUNITY SERVICES OF SUMMIT COUNTY - 812 BIRUTA STREET - AKRON, OH 44307-1104	34-0714562	501(C)(3)	158,868.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CATHOLIC COMMUNITY FOUNDATION/CLEVELAND ROOTED IN FAITH, FORWARD IN HOPE - 1404 EAST NINTH STREET - CLEVELAND, OH	34-1908579	501(C)(3)	10,000.	0.			DONOR DESIGNATIONS
CHILD GUIDANCE & FAMILY SOLUTIONS 18 NORTH FORGE STREET AKRON, OH 44304-1317	34-0726083	501(C)(3)	252,542.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CHILDREN'S HOSPITAL OF AKRON ONE PERKINS SQUARE AKRON, OH 44308-1062	23-7114013	501(C)(3)	79,322.	0.			DONOR DESIGNATIONS
CHRIST COMMUNITY CHAPEL, HUDSON CAMPUS - 750 WEST STREETSBORO STREET - HUDSON, OH 44236-2057	34-1339610	501(C)(3)	10,000.	0.			DONOR DESIGNATIONS
CONSERVANCY FOR CUYAHOGA VALLEY NATIONAL PARK (CVNP) - 1403 WEST HINES HILL ROAD - PENINSULA, OH 44264	34-1917257	501(C)(3)	52,263.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
CONXUS NEO FKA SUMMIT WORKFORCE 277 E. MILL STREET AKRON, OH 44308	34-2019627	501(C)(3)	100,000.	0.			GRANT ALLOCATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNTY OF SUMMIT ADM BOARD 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	35,043.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
EMERGE COUNSELING SERVICES, EMERGE MINISTRIES, INC. - 900 MULL AVENUE - AKRON, OH 44313	34-1213335	501(C)(3)	5,000.	0.			DONOR DESIGNATIONS
FAMILY & COMMUNITY SERVICES, INC. 705 OAKWOOD STREET RAVENNA, OH 44266	34-1902451	501(C)(3)	31,174.	0.			DONOR DESIGNATIONS
FAMILY PROMISE OF SUMMIT COUNTY P.O. BOX 1266 AKRON, OH 44309-1266	75-3101718	501(C)(3)	31,025.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FRIENDS OF 91.3 THE SUMMIT FM WAPS-FM RADIO 91.3 & KIDJAM! - 65 STEINER AVENUE - AKRON, OH 44301	26-4312124	501(C)(3)	22,665.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
FURNACE STREET MISSION, INC. & SAFETY FORCES CHAPLAINCY CENTER - 150 FURNACE STREET - AKRON, OH 44304-1208	34-6001192	501(C)(3)	6,082.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF NORTH EAST OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056-1256	34-0726094	501(C)(3)	57,149.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
GREENLEAF FAMILY CENTER 580 GRANT STREET AKRON, OH 44311	34-0714398	501(C)(3)	15,181.	0.			DONOR DESIGNATIONS
HAVEN OF REST MINISTRIES, INC. P.O. BOX 547 AKRON, OH 44309-0547	34-0750345	501(C)(3)	12,190.	0.			DONOR DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART TO HEART COMMUNICATIONS, INC. - 37 NORTH HIGH STREET - AKRON, OH 44308-1973	34-1630357	501(C)(3)	73,591.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
INTERNATIONAL SOAP BOX DERBY, INC. 1000 GEORGE WASHINGTON BOULEVARD AKRON, OH 44312	34-1141558	501(C)(3)	16,819.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
JDRF INTERNATIONAL, NORTHEAST OHIO CHAPTER - 6100 ROCKSIDE WOODS BOULEVARD - INDEPENDENCE, OH 44131	23-1907729	501(C)(3)	6,187.	0.			DONOR DESIGNATIONS
JEWISH COMMUNITY BOARD OF AKRON 750 WHITE POND DRIVE AKRON, OH 44320-1128	34-1884695	501(C)(3)	22,000.	0.			DONOR DESIGNATIONS
JEWISH FAMILY SERVICE OF AKRON 3659 SOUTH GREEN ROAD BEACHWOOD, OH 44122	34-0714444	501(C)(3)	26,446.	0.			DONOR DESIGNATIONS
JOHN CARROLL UNIVERSITY ONE JOHN CARROLL BOULEVARD UNIVERSITY HEIGHTS, OH 44118-4520	34-0714681	501(C)(3)	10,000.	0.			DONOR DESIGNATIONS
JUNIOR ACHIEVEMENT OF NORTH CENTRAL OHIO INC. - 487 COMMERCE STREET - TALLMADGE, OH 44278	34-0940986	501(C)(3)	10,058.	0.			DONOR DESIGNATIONS
LEADERSHIP AKRON 54 EAST MILL STREET AKRON, OH 44308	31-1655877	501(C)(3)	53,693.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
LEGACY III, INC. 87 SOUTH ARLINGTON STREET AKRON, OH 44306	34-1824527	501(C)(3)	47,576.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINKS COMMUNITY & FAMILY SERVICES 756 UPSON STREET AKRON, OH 44305	35-2353659	501(C)(3)	55,000.	0.			GRANT ALLOCATIONS
NATIONAL INVENTORS HALL OF FAME 199 SOUTH BROADWAY STREET AKRON, OH 44308	34-1580038	501(C)(3)	170,000.	0.			GRANT ALLOCATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY OHIO BUCKEYE CHAPTER - 6155 ROCKSIDE ROAD - INDEPENDENCE, OH 44131	34-0801307	501(C)(3)	9,406.	0.			DONOR DESIGNATIONS
NORFOLK AREA UNITED WAY, INC. NORFOLK NE - P.O. BOX 1041 - NORFOLK, NE 68702-1041	47-0492054	501(C)(3)	18,727.	0.			DONOR DESIGNATIONS
OPEN M 941 PRINCETON STREET AKRON, OH 44311	34-1046107	501(C)(3)	6,224.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD OF GREATER OHIO, NORTHEAST OHIO OFFICE - 444 WEST EXCHANGE STREET - AKRON, OH 44302	34-1015976	501(C)(3)	15,442.	0.			DONOR DESIGNATIONS
PREGNANCY SOLUTIONS & SERVICES 3515 MANCHESTER ROAD AKRON, OH 44319	34-1830073	501(C)(3)	6,211.	0.			DONOR DESIGNATIONS
PROJECT GRAD AKRON 10 NORTH MAIN STREET, SUITE #503 AKRON, OH 44308-1958	16-1639511	501(C)(3)	83,176.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
RONALD MCDONALD HOUSE OF AKRON, INC. - 141 WEST STATE STREET - AKRON, OH 44302	34-1860682	501(C)(3)	9,769.	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
SAINT JUDE'S CHILDRENS RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	11,856.	0.			DONOR DESIGNATIONS
SHAW JEWISH COMMUNITY CENTER OF AKRON - 750 WHITE POND DRIVE - AKRON, OH 44320-1128	34-0174521	501(C)(3)	31,996.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SOUTH STREET MINISTRIES, INC. 130 WEST SOUTH STREET AKRON, OH 44311-1964	26-2660679	501(C)(3)	53,916.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STEWART'S CARING PLACE 2955 WEST MARKET STREET AKRON, OH 44333	20-0181338	501(C)(3)	30,892.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
STUDENTS WITH A GOAL (SWAG) P.O. BOX 4531 AKRON, OH 44310	81-2016003	501(C)(3)	65,071.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMA HEALTH P.O. BOX 2090 AKRON, OH 44309-2090	34-1219001	501(C)(3)	187,463.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY COMMUNITY PARTNERSHIP - 1100 GRAHAM ROAD CIRCLE - CUYAHOGA FALLS, OH 44224	34-1818660	501(C)(3)	50,000.	0.			GRANT ALLOCATIONS
SUMMIT COUNTY FATHERHOOD INITIATIVE - 1040 EAST TALLMADGE AVENUE - AKRON, OH 44310	34-6002767	501(C)(3)	40,480.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
SUMMIT COUNTY PUBLIC HEALTH 1867 WEST MARKET STREET AKRON, OH 44313	34-6002767	501(C)(3)	50,592.	0.			GRANT ALLOCATIONS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT EDUCATION INITIATIVE 120 EAST MILL STREET AKRON, OH 44308-1745	34-1843220	501(C)(3)	241,529.	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
THE GOODWILL INDUSTRIES OF AKRON, OHIO, INC. - 570 EAST WATERLOO ROAD - AKRON, OH 44319	34-0252230	501(C)(3)	14,549.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE LEBRON JAMES FAMILY FOUNDATION 3800 EMBASSY PARKWAY AKRON, OH 44333	02-0716277	501(C)(3)	26,287.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE PACKARD INSTITUTE 461 WEST MARKET STREET AKRON, OH 44303	20-8830510	501(C)(3)	100,000.	0.			GRANT ALLOCATIONS
THE RAPE CRISIS CENTER OF MEDINA AND SUMMIT COUNTIES - 974 EAST MARKET STREET - AKRON, OH 44305	34-1836495	501(C)(3)	5,652.	0.			DONOR DESIGNATIONS
THE SALVATION ARMY SUMMIT COUNTY 190 SOUTH MAPLE STREET AKRON, OH 44302	13-5562351	501(C)(3)	72,630.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
THE UNITED WAY OF UNION COUNTY, INC. MARYSVILLE OH - 648 CLYMER ROAD - MARYSVILLE, OH 43040-1661	31-0682004	501(C)(3)	5,630.	0.			DONOR DESIGNATIONS
THE UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT AKRON, OH 44325-2603	34-6575496	501(C)(3)	21,582.	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
TRI-COUNTY JOBS FOR OHIO'S GRADUATES - 55 EAST CUYAHOGA FALLS AVENUE - AKRON, OH 44310	31-1204720	501(C)(3)	75,000.	0.			GRANT ALLOCATIONS
TRULY REACHING YOU MINISTRIES, INC. (TRY) - P.O. BOX 814 - AKRON, OH 44309-0814	75-3223368	501(C)(3)	25,000.	0.			GRANT ALLOCATIONS
UNITED DISABILITY SERVICES, INC. 701 SOUTH MAIN STREET AKRON, OH 44311-1019	34-1374195	501(C)(3)	8,415.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL INDIANA INDIANAPOLIS IN - P.O. BOX 88409 - INDIANAPOLIS, IN 46208-0409	35-1007590	501(C)(3)	5,438.	0.			DONOR DESIGNATIONS
UNITED WAY OF CENTRAL OHIO COLUMBUS OH - 360 SOUTH THIRD STREET - COLUMBUS, OH 43215-5412	31-4393712	501(C)(3)	9,985.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER CLEVELAND CLEVELAND OH - 1331 EUCLID AVENUE - CLEVELAND, OH 44115-1854	34-6516654	501(C)(3)	22,395.	0.			DONOR DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY CANTON OH - 401 MARKET AVENUE NORTH - CANTON, OH 44702	13-4254191	501(C)(3)	31,679.	0.			DONOR DESIGNATIONS
UNITED WAY OF LINCOLN & LANCASTER COUNTY LINCOLN NE - 206 SOUTH 13TH STREET - LINCOLN, NE 68508-2004	47-0376624	501(C)(3)	34,678.	0.			DONOR DESIGNATIONS
UNITED WAY OF MEDINA COUNTY MEDINA OH - 728 EAST SMITH ROAD - MEDINA, OH 44256	34-6516654	501(C)(3)	8,469.	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 WAYNE AND HOLMES COUNTIES WOOSTER OH - P. O. BOX 548 - WOOSTER, OH 44691-0548	34-0946973	501(C)(3)	6,264.	0.			DONOR DESIGNATIONS
URBAN VISION 749 BLAINE AVENUE AKRON, OH 44310-3035	34-1720630	501(C)(3)	95,243.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS
VICTIM ASSISTANCE PROGRAM, INC. 137 SOUTH MAIN STREET AKRON, OH 44308	38-3142753	501(C)(3)	54,047.	0.			DONOR DESIGNATIONS AND GRANT ALLOCATIONS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CLIENT PAYMENTS - HOME AGAIN	260	581,870.	0.		

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

PART I, LINE 2:

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

**Part IV Supplemental Information**

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

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)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**Part I Questions Regarding Compensation**

	Yes	No
<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>X</b>	
<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>X</b>	
<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>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....		<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....		<b>X</b>
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>X</b>
<b>b</b> Any related organization? .....		<b>X</b>
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>X</b>
<b>b</b> Any related organization? .....		<b>X</b>
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>X</b>
<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>X</b>
<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)? .....		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JIM MULLEN	(i)	175,226.	0.	0.	10,816.	27,496.	213,538.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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

**2018**

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 instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	28	362,892.	STOCK MARKET
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( IMPUTED INTER )	X	1	179,688.	BOOK VALUE
26 Other ( SUPPLIES, BAC )	X	620,570	133,174.	COST
27 Other ( INFO LINE PRO )	X	1	12,331.	BOOK VALUE
28 Other ( )				

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

	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) 2018

**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

**2018**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

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

THE HOUSING SERVICES AND THE 2-1-1 PROGRAMS WERE NEW DURING 2018.

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

CHILDREN.

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

INSECURITY DURING THE HOLIDAY BREAK. THE PAGE IT FORWARD BOOK DRIVE  
BROKE RECORDS WITH MORE THAN 23,358 BOOKS COLLECTED, SORTED AND  
DISTRIBUTED BY 131 VOLUNTEERS TO EVERY CHILD IN 10 AKRON PUBLIC  
SCHOOLS. WE ARE FURTHER EXPANDING OUR ENGAGEMENT EVENTS CALENDAR FOR  
THE UPCOMING YEAR, IN SUPPORT OF THE BOLD GOALS.

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

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

EXPENSES \$ 156,420. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

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

EXPENSES \$ 349,686. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,400.

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

EXPENSES \$ 104,066. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

UNITED WAY OF SUMMIT COUNTY

Employer identification number

34-1169257

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

EXPENSES \$ 334,162. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

IC.A.R.E. MENTORING - IC.A.R.E. MENTORING PROVIDES SUMMIT COUNTY STUDENTS IN GRADES K-12 WITH NURTURING AND SUPPORTIVE ROLE MODELS. IC.A.R.E. WORKS WITHIN THE SCHOOL SYSTEM, COORDINATING WITH ADMINISTRATORS TO ENSURE THAT STUDENTS CAN SPEND TIME WITH THEIR MENTORS WITHOUT TAKING TIME AWAY FROM THEIR ACADEMIC WORK. UWSC KNOWS THAT STUDENTS NEED CARING, CONSISTENT ADULT ROLE MODELS IN THEIR LIVES, SO THE PROGRAM PRIORITIZES RELATIONSHIPS. THROUGH IC.A.R.E., MENTORS ARE TRAINED AND SUPPORTED AS THEY SPEND ONE HOUR EACH WEEK WITH A STUDENT, FOR AT LEAST ONE SCHOOL YEAR. MOST MENTORS CHOOSE TO CONTINUE MENTORING STUDENTS AFTER THE FIRST YEAR. DURING THIS FISCAL YEAR, IC.A.R.E. VOLUNTEERS MENTORED 372 STUDENTS THROUGHOUT AKRON PUBLIC AND BARBERTON CITY SCHOOLS.

EXPENSES \$ 374,996. INCLUDING GRANTS OF \$ 0. REVENUE \$ 3,100.

Name of the organization <b>UNITED WAY OF SUMMIT COUNTY</b>	Employer identification number <b>34-1169257</b>
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BRIDGES SUMMIT COUNTY - BRIDGES SUMMIT COUNTY IS AN INITIATIVE THAT PROVIDES A FRAMEWORK TO HELP EMPLOYERS, COMMUNITY ORGANIZATIONS, SOCIAL SERVICE AGENCIES AND INDIVIDUALS LEARN HOW TO EFFECTIVELY REACH AND SUPPORT ADULTS AND FAMILIES WHO ARE STRIVING TO GO FROM FINANCIAL DEPENDENCE TO INDEPENDENCE. OUR GOAL IS FOR SUMMIT COUNTY TO BECOME A PLACE WHERE ALL SECTORS COME TOGETHER TO STABILIZE OUR COMMUNITY. THIS REQUIRES INDIVIDUALS, BUSINESSES, COURTS, SOCIAL SERVICE AGENCIES, FAITH-BASED, EDUCATIONAL, AND HEALTH CARE ORGANIZATIONS TO IMPLEMENT BRIDGES SUMMIT COUNTY IN THEIR OWN SETTINGS. THIS WORK IS ALREADY TAKING SHAPE ACROSS OUR COMMUNITY. DURING THIS FISCAL YEAR, 951 PEOPLE ATTENDED BRIDGES WORKSHOPS TO LEARN HOW TO SUPPORT THESE POPULATIONS IN OUR COMMUNITY.

EXPENSES \$ 132,717. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,840.

VISTA - SINCE ITS FOUNDING MORE THAN 50 YEARS AGO, THE AMERICORPS VISTA (VOLUNTEERS IN SERVICE TO AMERICA) PROGRAM HAS ENGAGED THOUSANDS OF SKILLED, PASSIONATE INDIVIDUALS IN THE FIGHT TO END POVERTY IN AMERICA. THROUGHOUT A YEAR-LONG, FULL-TIME COMMITMENT, VISTA MEMBERS FOCUS THEIR EFFORTS ON BUILDING THE CAPACITIES OF ORGANIZATIONS THAT FIGHT ILLITERACY, IMPROVE HEALTH SERVICES, FOSTER ECONOMIC DEVELOPMENT, AND OTHERWISE ASSIST LOW-INCOME COMMUNITIES. UNITED WAY OF SUMMIT COUNTY CHANNELS THE PASSION AND TALENTS OF THESE DEDICATED VOLUNTEERS INTO CONCERTED, LASTING COMMUNITY IMPACT. VISTAS ADVANCE UNITED WAY'S MISSION TO IMPROVE EDUCATION, INCOME AND HEALTH IN SUMMIT COUNTY BY PROVIDING CRITICAL SUPPORT TO UNITED WAY PROGRAMS AND INITIATIVES. THIS FISCAL YEAR, 14 UNITED WAY-SPONSORED VISTAS HAVE CONTRIBUTED THOUSANDS OF HOURS OF SERVICE TO THE SUMMIT COUNTY COMMUNITY.

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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EXPENSES \$ 83,911. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

EXPENSES \$ 551,072. INCLUDING GRANTS OF \$ 0. REVENUE \$ 75,571.

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

Name of the organization UNITED WAY OF SUMMIT COUNTY	Employer identification number 34-1169257
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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 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.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

	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, 2020**, 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, 2018**, and ending **MAR 31, 2019**.

**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.