

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2016

<b>Prepared for</b>	United Way of Greater Cleveland 1331 Euclid Avenue Cleveland, OH 44115-1854
<b>Prepared by</b>	Ciuni & Panichi, Inc. 25201 Chagrin Blvd. #200 Cleveland, OH 44122-5683
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

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

**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2015 calendar year, or tax year beginning JUL 1, 2015 and ending JUN 30, 2016**

<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 Name of organization</b> UNITED WAY OF GREATER CLEVELAND Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1331 EUCLID AVENUE City or town, state or province, country, and ZIP or foreign postal code CLEVELAND, OH 44115-1854 <b>F Name and address of principal officer:</b> AUGUST A. NAPOLI, JR. SAME AS C ABOVE	<b>D Employer identification number</b> 34-6516654 <b>E Telephone number</b> 216-436-2100 <b>G Gross receipts \$</b> 47,861,798. <b>H(a) Is this a group return for subordinates?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ 5378
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ WWW.UNITEDWAYCLEVELAND.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1960		<b>M State of legal domicile:</b> OH

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER CLEVELAND IS A LEADER IN ADDRESSING HEALTH AND HUMAN SERVICE NEEDS THROUGH</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)	3 78																								
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	4 77																								
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 0																								
<b>6</b>	Total number of volunteers (estimate if necessary)	6 4319																								
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.																								
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	7b 0.																								
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">40,935,596.</td> <td style="text-align: right;">40,416,304.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">1,475,134.</td> <td style="text-align: right;">1,876,093.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">782,309.</td> <td style="text-align: right;">107,107.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">87,149.</td> <td style="text-align: right;">87,198.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">43,280,188.</td> <td style="text-align: right;">42,486,702.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	40,935,596.	40,416,304.	<b>9</b> Program service revenue (Part VIII, line 2g)	1,475,134.	1,876,093.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	782,309.	107,107.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	87,149.	87,198.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,280,188.	42,486,702.						
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**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 AUGUST A. NAPOLI, JR., PRESIDENT & CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID M. REAPE, CPA Preparer's signature Date Check if self-employed <input checked="" type="checkbox"/> PTIN P00068117	Firm's name ▶ CIUNI & PANICHI, INC. Firm's address ▶ 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683 Firm's EIN ▶ 34-1322309 Phone no. (216) 831-7171

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: UNITED WAY OF GREATER CLEVELAND IS A LEADER IN ADDRESSING HEALTH AND HUMAN SERVICE NEEDS THROUGH CONVENING PARTNERSHIPS, FUNDING PROGRAMS, AND GENERATING RESOURCES TO SUPPORT EDUCATION, INCOME AND HEALTH PRIORITIES IN THE GREATER CLEVELAND COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,795,886. including grants of \$ 5,795,886.) (Revenue \$ ) EDUCATION: PROGRAMS THAT ENSURE CHILDREN ENTER KINDERGARTEN READY TO LEARN BY BUILDING THE CAPACITY OF CHILDCARE CENTERS TO PROVIDE QUALITY EARLY EDUCATION AND TEACHER TRAINING TO SUPPORT AT-RISK STUDENTS; LITERACY PROGRAMS FOR KINDERGARTEN THROUGH THIRD GRADE THAT ENSURE CHILDREN ARE ABLE TO READ AT GRADE LEVEL BY END OF THIRD GRADE; MENTORING AND AFTER SCHOOL PROGRAMS THAT PROVIDE ACADEMIC AND ENRICHMENT ACTIVITIES TO PROMOTE ACADEMIC SUCCESS AND HIGH SCHOOL GRADUATION. THE COMMUNITY IMPACT OF EDUCATION FUNDING IS AS FOLLOWS: 742 CHILDCARE CENTER STAFF MEMBERS RECEIVED PROFESSIONAL DEVELOPMENT TRAINING. (CONTINUE ON SCH. O)

4b (Code: ) (Expenses \$ 5,209,984. including grants of \$ 5,209,984.) (Revenue \$ ) INCOME: PROGRAMS THAT PROVIDE BASIC NEEDS PROGRAMS TO STABILIZE A FAMILY OR INDIVIDUAL BY PROVIDING PEOPLE WITH FOOD ASSISTANCE AND EMERGENCY HOUSING SERVICES; PROVIDE ADULT LITERACY/GED COURSES AND JOB TRAINING WORKSHOPS THAT HELP PEOPLE SECURE EMPLOYMENT AND BECOME SELF SUFFICIENT; PROVIDE FINANCIAL LITERACY PROGRAMS THAT REDUCE DEBT; AND FREE ASSISTANCE IN FILING THEIR TAXES. THE COMMUNITY IMPACT OF INCOME FUNDING IS AS FOLLOWS: 18,091 PEOPLE RECEIVED FOOD ASSISTANCE. 4,516 PEOPLE RECEIVED EMERGENCY SHELTER SERVICES.(CONTINUE ON SCH. O)

4c (Code: ) (Expenses \$ 4,178,766. including grants of \$ 4,178,766.) (Revenue \$ ) HEALTH: PROGRAMS THAT HELP PREVENT VIOLENCE AND PROVIDE COUNSELING SERVICES FOR PEOPLE WHO HAVE EXPERIENCED TRAUMA THAT HELP REDUCE SYMPTOMS OF PTSD, INTERVENTION PROGRAMS FOR SUBSTANCE ABUSE AND MENTAL ILLNESS THAT HELP INDIVIDUALS STAY SOBER AND MENTALLY STABLE SO THAT THEY CAN BE PRODUCTIVE ADULTS; PROVIDE MEDICATION AND DISEASE MANAGEMENT PROGRAMS THAT IMPROVE QUALITY OF LIFE AND BUILD A HEALTHY. THE COMMUNITY IMPACT OF HEALTH FUNDING IS AS FOLLOWS: LEVERAGED MORE THAN \$3 MILLION FOR PRESCRIPTION MEDICATION AND MEDICAL SUPPLIES. (CONTINUE ON SCH. O)

4d Other program services (Describe in Schedule O.) (Expenses \$ 18,428,019. including grants of \$ 11,995,322.) (Revenue \$ 1,876,093.)

4e Total program service expenses 33,612,655.

**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and 501(c)(7) and (12) organizations.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 78		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 77		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	X	
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CHIEF FINANCIAL OFFICER - 216-436-2100**  
**1331 EUCLID AVENUE, CLEVELAND, OH 44115**

**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) THOMAS W. ADLER TRUSTEE	1.00	X						0.	0.	0.
(2) USHA AHUJA TRUSTEE	1.00	X						0.	0.	0.
(3) MYLAYNA S. ALBRIGHT TRUSTEE	1.00	X						0.	0.	0.
(4) HARRIET APPELEGATE TRUSTEE	1.00	X						0.	0.	0.
(5) JULIE A. BORLAND TREASURER OF THE BOARD	2.00	X		X				0.	0.	0.
(6) STEVEN R. BORSTEIN CHAIR - COMMUNITY IMPACT	2.00	X		X				0.	0.	0.
(7) AKRAM BOUTROS M.D. TRUSTEE	1.00	X						0.	0.	0.
(8) MAYNARD A. BUCK TRUSTEE	1.00	X						0.	0.	0.
(9) RICHARD J. BUONCORE IMMEDIATE PAST CHAIRMAN OF THE BOARD	2.00	X		X				0.	0.	0.
(10) MARC S. BYRNES CHAIRMAN OF THE BOARD AND CHIEF VOLU	4.00	X		X				0.	0.	0.
(11) JOSEPH L. CARBALLADA TRUSTEE	1.00	X						0.	0.	0.
(12) RYAN E. CARLSON TRUSTEE	1.00	X						0.	0.	0.
(13) RICK CHIRICOSTA TRUSTEE	1.00	X						0.	0.	0.
(14) ROBIN C. COTTINGHAM TRUSTEE	1.00	X						0.	0.	0.
(15) LEONARD DICOSIMO TRUSTEE	1.00	X						0.	0.	0.
(16) PAUL J. DOLAN CHAIR - DONOR RELATIONS	2.00	X		X				0.	0.	0.
(17) DAVID J. ENZERRA TRUSTEE	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RHONDA S. FERGUSON TRUSTEE	1.00	X					0.	0.	0.	
(19) JOHN FOUSER TRUSTEE	1.00	X					0.	0.	0.	
(20) HEIDI L. GARTLAND CO-CAMOAION CHAIR	2.00	X		X			0.	0.	0.	
(21) MICHAEL W. GOIN TRUSTEE	1.00	X					0.	0.	0.	
(22) DAVID S. GOODMAN TRUSTEE	1.00	X					0.	0.	0.	
(23) ERIC S. GORDON TRUSTEE	1.00	X					0.	0.	0.	
(24) MARK D. GOREN TRUSTEE	1.00	X					0.	0.	0.	
(25) DEE BAGWELL HASLAM TRUSTEE	1.00	X					0.	0.	0.	
(26) ROBERT C. HELMER, PH.D. 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>							1,163,351.	0.	168,288.	
<b>d Total (add lines 1b and 1c)</b>							1,163,351.	0.	168,288.	

**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 **8**

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANDREA M. HOGBEN TRUSTEE	1.00	X						0.	0.	0.
(28) DAVID J. HOOKER CHAIR - PLANNED GIVING	2.00	X		X				0.	0.	0.
(29) FRANK G. JACKSON TRUSTEE	1.00	X						0.	0.	0.
(30) ALEX JOHNSON, PH.D. TRUSTEE	1.00	X						0.	0.	0.
(31) SHARON SOBOL JORDAN TRUSTEE	1.00	X						0.	0.	0.
(32) IRA C. KAPLAN CHAIR - SECRETARY OF THE BOARD	2.00	X		X				0.	0.	0.
(33) JERRY KELSHEIMER CHAIR - OPERATIONS COMMITTEE	2.00	X		X				0.	0.	0.
(34) TIMOTHY P. KNIGHT TRUSTEE	1.00	X						0.	0.	0.
(35) LEN A. KOMOROSKI TRUSTEE	1.00	X						0.	0.	0.
(36) RANDALL J. KORACH TRUSTEE	1.00	X						0.	0.	0.
(37) WILLIAM F. LACEY TRUSTEE	1.00	X						0.	0.	0.
(38) KEITH J. LIBMAN TRUSTEE	1.00	X						0.	0.	0.
(39) JOHN S. MACINTOSH TRUSTEE	1.00	X						0.	0.	0.
(40) W. SCOTT MERK TRUSTEE	1.00	X						0.	0.	0.
(41) TONY D. MINOR TRUSTEE	1.00	X						0.	0.	0.
(42) KRISTEN D. W. MORRIS TRUSTEE	1.00	X						0.	0.	0.
(43) AUGUST A. NAPOLI, JR. PRESIDENT & CEO	40.00	X		X				10,385.	0.	0.
(44) JAMES B. NIEHAUS TRUSTEE	1.00	X						0.	0.	0.
(45) PATRICK M. PASTORE TRUSTEE	1.00	X						0.	0.	0.
(46) DENISE POLVERINE TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(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			
(47) DAVID J. QUOLKE TRUSTEE	1.00	X						0.	0.	0.
(48) BRIAN J. RICHARDSON CHAIR-HUMAN RESOURCES COMMITTEE	2.00	X		X				0.	0.	0.
(49) ENID B. ROSENBERG CHAIR - GOVERNANCE & NOMINATION COMM	2.00	X		X				0.	0.	0.
(50) GEORGE SAMPLE TRUSTEE	1.00	X						0.	0.	0.
(51) BEVERLY J. SCHNEIDER TRUSTEE	1.00	X						0.	0.	0.
(52) DONNA M. SCIARAPPA TRUSTEE	1.00	X						0.	0.	0.
(53) JOHN E. SKORY TRUSTEE	1.00	X						0.	0.	0.
(54) HILTON . SMITH TRUSTEE	1.00	X						0.	0.	0.
(55) GERARD A. STADLER TRUSTEE	1.00	X						0.	0.	0.
(56) GREGORY L. STEFANI TRUSTEE	1.00	X						0.	0.	0.
(57) FELTON THOMAS, JR. TRUSTEE	1.00	X						0.	0.	0.
(58) NINA L. TURNER TRUSTEE	1.00	X						0.	0.	0.
(59) DANIEL P. WALSH, JR. CHAIR - STRATEGIC PLANNING COMMITTEE	2.00	X		X				0.	0.	0.
(60) JERROLD F. WAREHAM TRUSTEE	1.00	X						0.	0.	0.
(61) PAUL WELLENER IV TRUSTEE	1.00	X						0.	0.	0.
(62) SONALI B. WILSON, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(63) THOMAS F. ZENTY III TRUSTEE	1.00	X						0.	0.	0.
(64) PAUL CLARK TRUSTEE	1.00	X						0.	0.	0.
(65) ALEXANDER M. CUTLER TRUSTEE	1.00	X						0.	0.	0.
(66) TERRANCE C. Z. EGGER TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(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			
(67) ROBERT W. GILLESPIE JR. TRUSTEE	1.00	X						0.	0.	0.
(68) HENRY J. GOODMAN TRUSTEE	1.00	X						0.	0.	0.
(69) ALEXANDER MACHASKEE TRUSTEE	1.00	X						0.	0.	0.
(70) MORTON L. MANDEL TRUSTEE	1.00	X						0.	0.	0.
(71) HENRY L. MYER III TRUSTEE	1.00	X						0.	0.	0.
(72) SANDRA PIANALTO TRUSTEE	1.00	X						0.	0.	0.
(73) RICHARD W. POGUE ESQ. TRUSTEE	1.00	X						0.	0.	0.
(74) ROBERT S. REITMAN TRUSTEE	1.00	X						0.	0.	0.
(75) WILLIAM R. ROBERTSON TRUSTEE	1.00	X						0.	0.	0.
(76) CHERYLE A. WILLS-MATTHEWS TRUSTEE	1.00	X						0.	0.	0.
(77) WILLIAM E. BUTLER TRUSTEE	1.00	X						0.	0.	0.
(78) JULIAN L. MCCALL TRUSTEE	1.00	X						0.	0.	0.
(79) SIMON P. BISSON INTERIM PRESIDENT & CEO	40.00			X				163,371.	0.	28,651.
(80) MICHAEL E. HEADEN CHIEF FINANCIAL OFFICER	40.00			X				155,710.	0.	37,062.
(81) WILLIAM J. KITSON III PRESIDENT & CEO (RESIGNED)	40.00			X				182,465.	0.	31,861.
(82) JASON R. DANIELS EVP & CHIEF STRATEGY OFFICER	40.00					X		172,508.	0.	32,025.
(83) TRACI L. JADLOS VP COMMUNITY IMPACT; 2-1-1, WLC	40.00					X		159,521.	0.	11,538.
(84) JULIANNE GOZAR DIRECTOR, HUMAN RESOURCES AND TALENT	40.00					X		109,244.	0.	2,097.
(85) VALERIE GRACE ASSOCIATE VP, MARKETING & COMMUNICAT	40.00					X		109,371.	0.	17,477.
(86) LYNNETTE FORDE VICE PRESIDENT FOR INSTITUTIONAL REL	40.00					X		100,776.	0.	7,577.
Total to Part VII, Section A, line 1c .....								1,163,351.		168,288.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 1,921,754.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b> 125,753.					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 38,368,797.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	592,699.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	40,416,304.				
	<b>Program Service Revenue</b>	<b>2 a</b> INFORMATION & REFERRAL .....	<b>Business Code</b> 900099	709,055.	709,055.		
<b>b</b> YOUTH PROGRAMS .....		900099	405,625.	405,625.			
<b>c</b> REGIONAL SERVICES .....		900099	340,561.	340,561.			
<b>d</b> AGENCY ACCTG CAPACITY BLDG .....		900099	285,603.	285,603.			
<b>e</b> ENGAGEMENT OF DONORS & VOLUNTEERS .....		900099	93,838.	93,838.			
<b>f</b> All other program service revenue .....		900099	41,411.	41,411.			
<b>g Total.</b> Add lines 2a-2f .....		▶	1,876,093.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	182,021.			182,021.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	87,198.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
		<b>c</b> Rental income or (loss) .....	87,198.				
	<b>d</b> Net rental income or (loss) .....	▶	87,198.	87,198.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	5,101,847.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....	4,880,136.	296,625.			
		<b>c</b> Gain or (loss) .....	221,711.	-296,625.			
	<b>d</b> Net gain or (loss) .....	▶	-74,914.			-74,914.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 125,753. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	198,335.				
		<b>b</b> Less: direct expenses .....	<b>b</b> 198,335.				
<b>c</b> Net income or (loss) from fundraising events .....		▶	0.				
<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 .....	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11</b>	<b>a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶					
<b>12 Total revenue.</b> See instructions. .....	▶	42,486,702.	1,963,291.	0.	107,107.		

**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	27,171,464.	27,171,464.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,494.	8,494.		
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	182,465.	78,278.	37,405.	66,782.
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	6,981,967.	2,974,967.	2,032,021.	1,974,979.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	711,626.	265,773.	230,181.	215,672.
9 Other employee benefits	1,368,986.	580,066.	479,520.	309,400.
10 Payroll taxes	518,643.	218,784.	151,315.	148,544.
11 Fees for services (non-employees):				
a Management				
b Legal	73,497.	4,120.	69,377.	
c Accounting	97,952.		90,952.	7,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	50,355.		50,355.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	639,722.	174,095.	44,373.	421,254.
13 Office expenses	306,374.	122,060.	141,982.	42,332.
14 Information technology	678,891.	258,450.	371,839.	48,602.
15 Royalties				
16 Occupancy	475,456.	106,142.	354,676.	14,638.
17 Travel	154,375.	55,861.	53,085.	45,429.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,492.	9,224.	8,766.	7,502.
20 Interest				
21 Payments to affiliates	490,606.	490,606.		
22 Depreciation, depletion, and amortization	657,086.	75,893.	532,298.	48,895.
23 Insurance	95,421.	420.	95,001.	
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>CONSULTANTS/TEMPORARY H</b>	1,793,133.	913,207.	602,254.	277,672.
b <b>LOCAL MEETINGS</b>	229,725.	97,226.	50,270.	82,229.
c <b>DUES AND SUBSCRIPTIONS</b>	78,838.	2,942.	54,549.	21,347.
d <b>INTERDEPARTMENTAL CHARG</b>	-54,052.		-54,052.	
e All other expenses	245,646.	4,583.	228,195.	12,868.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	42,982,162.	33,612,655.	5,624,362.	3,745,145.
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  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)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,350.	<b>1</b>	5,350.	
	<b>2</b> Savings and temporary cash investments .....	7,714,737.	<b>2</b>	4,531,532.	
	<b>3</b> Pledges and grants receivable, net .....	19,576,886.	<b>3</b>	20,879,813.	
	<b>4</b> Accounts receivable, net .....	1,431,043.	<b>4</b>	1,501,966.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	204,265.	<b>9</b>	257,546.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 13,668,339.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 7,667,984.	6,948,817.	<b>10c</b>	6,000,355.
	<b>11</b> Investments - publicly traded securities .....	6,044,233.	<b>11</b>	5,923,206.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	3,086,105.	<b>12</b>	2,942,106.	
	<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 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	45,011,436.	<b>16</b>	42,041,874.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,683,331.	<b>17</b>	2,563,732.	
	<b>18</b> Grants payable .....	24,972,747.	<b>18</b>	21,883,509.	
	<b>19</b> Deferred revenue .....	1,296,638.	<b>19</b>	1,031,373.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	27,952,716.	<b>26</b>	25,478,614.	
<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 .....	14,202,521.	<b>27</b>	14,516,778.	
	<b>28</b> Temporarily restricted net assets .....	2,606,199.	<b>28</b>	1,796,482.	
	<b>29</b> Permanently restricted net assets .....	250,000.	<b>29</b>	250,000.	
	<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 .....	17,058,720.	<b>33</b>	16,563,260.		
<b>34</b> Total liabilities and net assets/fund balances .....	45,011,436.	<b>34</b>	42,041,874.		

**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>	42,486,702.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	42,982,162.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-495,460.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	17,058,720.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<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>	16,563,260.

**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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</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? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<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>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)



**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization <b>UNITED WAY OF GREATER CLEVELAND</b>	Employer identification number <b>34-6516654</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	45,366,485.	14,497,530.	40,205,123.	40,935,596.	40,416,304.	181,421,038.
<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 .....	45,366,485.	14,497,530.	40,205,123.	40,935,596.	40,416,304.	181,421,038.
<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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						181,421,038.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	45,366,485.	14,497,530.	40,205,123.	40,935,596.	40,416,304.	181,421,038.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	275,823.	166,092.	278,477.	330,410.	269,219.	1,320,021.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						182,741,059.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	7,831,496.
<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 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.28 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	99.29 %
<b>16a 33 1/3% support test - 2015.</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 - 2014.</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 - 2015.</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 - 2014.</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 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<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 2015 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-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

**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.)

Lined area for supplemental information.



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>UNITED WAY OF GREATER CLEVELAND</b>	Employer identification number <b>34-6516654</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA  
532041  
10-05-15

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	51,500.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	51,500.													
<b>d</b>	Other exempt purpose expenditures .....	42,930,662.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	42,982,162.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures		41,000.	26,000.	51,500.	118,500.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART I-A, LINE 1:**

**EXPLANATION: UNITED WAY PROVIDED \$1,500 TO SUPPORT THE PASSAGE OF AN ARTS AND CULTURE LEVY. THIS LEVY DEEMED BY BOARD OF UNITED WAY TO BE INTEGRAL TO THE CULTURAL BETTERMENT OF THE GREATER CLEVELAND COMMUNITY. UNITED WAY ALSO PROVIDED \$50,000 TO SUPPORT THE PASSAGE OF A HEALTH AND HUMAN SERVICES LEVY. THIS LEVY PROTECTS THE MOST VULNERABLE CITIZENS**

**Part IV** Supplemental Information (continued)

OF GREATER CLEVELAND AND THE BOARD BELIEVED THAT THE SUPPORT WAS  
WARRANTED.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization** UNITED WAY OF GREATER CLEVELAND **Employer identification number** 34-6516654

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2015

532051  
11-02-15

**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	12,742,820.	12,705,920.	11,364,024.	10,787,762.	8,374,810.
b Contributions					1,512,875.
c Net investment earnings, gains, and losses	-238,254.	446,119.	1,807,572.	664,273.	1,014,978.
d Grants or scholarships					
e Other expenditures for facilities and programs	97,012.	357,640.	418,993.	69,524.	81,089.
f Administrative expenses	50,355.	50,579.	46,683.	18,487.	33,812.
g End of year balance	12,357,199.	12,742,820.	12,705,920.	11,364,024.	10,787,762.

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

- a Board designated or quasi-endowment  98.00 %
- b Permanent endowment  2.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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)		X
3a(ii)		X
3b		

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		512,500.		512,500.
b Buildings		7,691,556.	3,518,310.	4,173,246.
c Leasehold improvements				
d Equipment		1,773,050.	1,381,960.	391,090.
e Other		3,691,233.	2,767,714.	923,519.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,000,355.

**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) FUNDS HELD AT CLEVELAND		
(B) FOUNDATION	1,731,189.	COST
(C) FIXED INCOME ALTERNATIVE		
(D) INVESTMENTS	1,210,917.	COST
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>2,942,106.</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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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	31,494,317.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-638,529.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-275,241.	
e	Add lines 2a through 2d	2e		-913,770.
3	Subtract line 2e from line 1		3	32,408,087.
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		
b	Other (Describe in Part XIII.)	4b	10,078,615.	
c	Add lines 4a and 4b	4c		10,078,615.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	42,486,702.

**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	32,966,930.
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	63,383.	
e	Add lines 2a through 2d	2e		63,383.
3	Subtract line 2e from line 1		3	32,903,547.
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		
b	Other (Describe in Part XIII.)	4b	10,078,615.	
c	Add lines 4a and 4b	4c		10,078,615.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	42,982,162.

**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 V, LINE 4:**

UNITED WAY'S SPENDING POLICY IS TO USE 4% OF A THREE YEAR ROLLING AVERAGE OF THE QUASI ENDOWMENT FUND. THE ORGANIZATION USES THESE FUNDS FOR THE CAPITAL NEEDS OF THE ORGANIZATION AND CERTAIN OPERATING COSTS.

**PART X, LINE 2:**

THE UNITED WAY OF GREATER CLEVELAND AND THE CLEVELAND COMMUNITY FUND ARE TAX-EXEMPT, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN REPORTED IN THESE COMBINED FINANCIAL STATEMENTS. IN ADDITION, NEITHER THE UNITED WAY OF GREATER CLEVELAND NOR THE CLEVELAND COMMUNITY FUND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION



**Part XIII** Supplemental Information (continued)

509(A) OF THE IRC.

UNCERTAIN INCOME TAX POSITIONS ARE EVALUATED AT LEAST ANNUALLY BY MANAGEMENT. THE ORGANIZATION CLASSIFIES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS AS INCOME TAX EXPENSE IN THE ACCOMPANYING COMBINED FINANCIAL STATEMENTS. AS OF JUNE 30, 2016, THE ORGANIZATION HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEAR THEN ENDED.

THE UNITED WAY OF GREATER CLEVELAND AND THE CLEVELAND COMMUNITY FUND FILE THEIR FEDERAL FORM 990 TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND AN ONLINE CHARITABLE REGISTRATION IN THE OFFICE OF THE STATE'S ATTORNEY GENERAL FOR THE STATE OF OHIO. THESE ORGANIZATIONS ARE GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS BEFORE 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CCF REVENUES	-571,866.
LOSS ON DISPOSAL OF EQUIPMENT	296,625.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-275,241.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS	10,078,615.
------------------------	-------------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CCF PENSION ADJUSTMENTS - NET	-302,705.
CCF EXPENSES	69,463.
LOSS ON DISPOSAL OF EQUIPMENT	296,625.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XII, LINE 2D 63,383.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS 10,078,615.

SCHEDULE D PART XI AND PART II

UNITED WAY'S AUDIT IS COMBINED WITH THE CLEVELAND COMUNITY FUND (CCF) (34-0714586), THE PRECURSOR ORGANIZATION TO UNITED WAY IN GREATER CLEVELAND, WHICH FILES A SEPARATE IRS FORM 990.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ **Attach to Form 990 or Form 990-EZ.**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....	▶					

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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 \_\_\_\_\_

**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))
		ANNUAL MEETING (event type)	YL SPECIAL EVENT (event type)	5 (total number)	
Revenue	<b>1</b> Gross receipts .....	142,624.	70,438.	111,026.	324,088.
	<b>2</b> Less: Contributions .....	66,529.	42,727.	16,497.	125,753.
	<b>3</b> Gross income (line 1 minus line 2) .....	76,095.	27,711.	94,529.	198,335.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	22,685.	24,093.		46,778.
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	53,410.	3,618.	94,529.	151,557.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				198,335.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

**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: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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\_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization **UNITED WAY OF GREATER CLEVELAND** Employer identification number **34-6516654**

**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 non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		133,455.	0.			DESIGNATIONS
ACHIEVEMENT CENTERS FOR CHILDREN 4256 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		328,030.	0.			PROGRAM GRANTS
ADOPTION NETWORK CLEVELAND 4614 PROSPECT AVENUE # 550 CLEVELAND, OH 44103	34-1603766		6,740.	0.			DESIGNATIONS
ADULT GUARDIANSHIP SERVICES 1468 W 25TH STREET # 300 CLEVELAND, OH 44113	34-1043756		372,742.	0.			PROGRAM GRANTS
ADULT GUARDIANSHIP SERVICES 1468 W 25TH STREET # 300 CLEVELAND, OH 44113	34-1043756		674.	0.			DESIGNATIONS
AID FOR AFRICA 6909 RIDGEWOOD AVENUE CHEVY CHASE, MD 20815	06-1703295		7,669.	0.			FEDERAL CPN DESIGNATIONS

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

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) (2015)

**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
AIDS FUNDING COLLABORATIVE C/O THE CENTER FOR COMMUNITY SOLUTIONS, 1501 EUCLID AVENUE # 310 - CLEVELAND	34-0714723		50,000.	0.			PROGRAM GRANTS
AIDS TASKFORCE OF GREATER CLEVELAND - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612		92,120.	0.			PROGRAM GRANTS
AIDS TASKFORCE OF GREATER CLEVELAND - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612		26,283.	0.			DESIGNATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388		11,596.	0.			FEDERAL CPN DESIGNATIONS
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388		3,957.	0.			DESIGNATIONS
ALLIANCE FOR A HEALTHIER GENERATION - 605 SE 9TH AVENUE - PORTLAND, OR 97214	27-2028308		25,000.	0.			PROGRAM GRANTS
ALTA HOUSE 12510 MAYFIELD ROAD CLEVELAND, OH 44106	34-0714620		13,949.	0.			DESIGNATIONS
ALTERNATERM PREGNANCY SRVICES 14077 CEDAR ROAD #100 CLEVELAND, OH 44118	34-1455826		7,372.	0.			DESIGNATIONS
ALTERNATIVE PATHS 246 NORTHLAND DRIVE CLEVELAND, OH 44256	34-1617525		50,917.	0.			PROGRAM GRANTS

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
ALZHEIMER'S ASSOCIATION CLEVE AREA CHAPTER - 23215 COMMERCE PARK DRIVE # 300 - BEACHWOOD, OH 44122	13-3039601		25,082.	0.			DESIGNATIONS
AMERICA SCORES CLEVELAND 3631 PERKINS AVENUE UNIT 2CE CLEVELAND, OH 44114	20-0500153		27,440.	0.			PROGRAM GRANTS
AMERICA SCORES CLEVELAND 3631 PERKINS AVENUE UNIT 2CE CLEVELAND, OH 44114	20-0500153		2,331.	0.			DESIGNATIONS
AMERICAN CANCER SOCIETY 11432 MAYFIELD ROAD CLEVELAND, OH 44106	34-0726080		98,140.	0.			DESIGNATIONS
AMERICAN HEART ASSOCIATION 1689 E 115TH STREET CLEVELAND, OH 44106	13-5613797		41,625.	0.			DESIGNATIONS
AMERICAN RED CROSS 3747 EUCLID AVENUE CLEVELAND, OH 44115	34-0714622		441,140.	0.			PROGRAM GRANTS
AMERICAN RED CROSS P O BOX 73857 CHICAGO, IL 60673	53-0196605		19,379.	0.			FEDERAL CPN DESIGNATIONS
AMERICAN RED CROSS-GREATER CLEVELAND CHAPTER - 3747 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714622		43,741.	0.			DESIGNATIONS
AMERICAN SICKLE CELL ANEMIA 10300 CARNEGIE AVENUE CLEVELAND, OH 44106	23-7178345		10,287.	0.			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
AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279	54-1517707		22,196.	0.			FEDERAL CPN DESIGNATIONS
ANIMAL CHARITIES OF AMERICA P O BOX 45754 SAN FRANCISCO, CA 94145	94-3193389		61,999.	0.			FEDERAL CPN DESIGNATIONS
ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVENUE CLEVELAND, OH 44113	34-0714644		16,480.	0.			FEDERAL CPN DESIGNATIONS
APPLEWOOD CENTERS, INC. 2525 E 22ND STREET CLEVELAND, OH 44115	34-0714571		17,065.	0.			DESIGNATIONS
ARC OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-0924983		8,338.	0.			DESIGNATIONS
ARTHRITIS FDN GRLAKESREGION NEOH 4630 RICHMOND ROAD # 240 CLEVELAND, OH 44128	34-6544884		25,482.	0.			DESIGNATIONS
ARTHRITIS FND GRLAKESREGION NEOH 4630 RICHMOND ROAD # 240 CLEVELAND, OH 44128	34-6544884		10,000.	0.			PROGRAM GRANTS
ASIAN SERVICES IN ACTION, INC. 730 CAROLL STREET AKRON, OH 44304	34-1798850		68,600.	0.			PROGRAM GRANTS
BALDWIN WALLACE UNIVERSITY 275 EASTLAND ROAD BEREA, OH 44017	34-0714629		90,552.	0.			PROGRAM GRANTS

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
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597		57,182.	0.			DESIGNATIONS
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597		218,162.	0.			PROGRAM GRANTS
BELLEFAIRE JEWISH CHILDREN'S BUREAU - 22001 FAIRMOUNT BOULEVARD - SHAKER HEIGHTS, OH 44118	34-0714630		9,609.	0.			DESIGNATIONS
BEREA CHILDRENS HOME & FAMILY SERVICES - 202 E BAGLEY ROAD - BEREA, OH 44017	34-0720558		12,428.	0.			DESIGNATIONS
BIG BROTHERS/BIG SISTERS 1421 EUCLID AVENUE # 552 CLEVELAND, OH 44115	34-1039700		10,649.	0.			DESIGNATIONS
BIG BROTHERS BIG SISTERS OF GR CLEVELAND - 1421 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		23,084.	0.			DESIGNATIONS
BIG BROTHERS BIG SISTERS OF GR CLEVELAND - 1422 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		101,528.	0.			PROGRAM GRANTS
BIG BROTHERS BIG SISTERS NE OH-GEAUGA - 1422 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		35,000.	0.			PROGRAM GRANTS
BIG BROTHERS BIG SISTERS OF SUMMIT, MEDINA & STARK - 50 S MAIN STREET #LL110 - AKRON, OH 44308	34-1104356		10,334.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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BOY SCOUTS OF AMERICA-GR CLEVE COUNCIL - 2241 WOODLAND AVENUE - CLEVELAND, OH 44115	34-0714322		95,305.	0.			PROGRAM GRANTS
BOY SCOUTS OF AMERICA-GR CLEVE COUNCIL - 2241 WOODLAND AVENUE - CLEVELAND, OH 44115	34-0714322		89,776.	0.			DESIGNATIONS
BOY SCOUTS OF AMERICA-GR WESTERN RESERVE COUNCIL - 4930 ENTERPRISE DRIVE - WARREN, OH 44481	34-1740075		14,028.	0.			DESIGNATIONS
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686		245,000.	0.			PROGRAM GRANTS
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686		74,974.	0.			DESIGNATIONS
BURTEN BELL CARR DEVELOPMENT 720 KINSMAN RD. #104 CLEVELAND, OH 44104	34-1657533		34,300.	0.			PROGRAM GRANTS
BVU: CENTER FOR NON-PROFIT EXCELLENCE - 1301 E 9TH STREET # 1805 - CLEVELAND, OH 44114	34-1724581		66,049.	0.			DESIGNATIONS
CANCERCURE OF AMERICA: P.O. BOX 45501 SAN FRANCISCO, CA 94145	81-0648432		42,043.	0.			FEDERAL CPN DESIGNATIONS
CARE ALLIANCE 1530 SAINT CLAIR AVENUE CLEVELAND, OH 44114	34-1748776		12,194.	0.			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
CARE ALLIANCE 1530 SAINT CLAIR AVENUE CLEVELAND, OH 44114	34-1748776		310,968.	0.			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES CORP. 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		430,238.	0.			DESIGNATIONS
CATHOLIC CHARITIES SERVICES CORP. 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		1,264,388.	0.			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY - 10771 MAYFIELD ROAD - CHARDON, OH 44024	34-1318541		111,525.	0.			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY - 10771 MAYFIELD ROAD - CHARDON, OH 44024	34-1318541		7,540.	0.			DESIGNATIONS
CATHOLIC CHARITIES SERVICES-MEDINA 4210 N JEFFERSON STEET SUITE A MEDINA, OH 44256	34-1318541		5,417.	0.			PROGRAM GRANTS
CATHOLIC SVC ORGANIZATIONS OF AMERICA - 1100 LARKSPUR LDG CIR #340 - LARKSPUR, CA 94939	45-1679647		22,788.	0.			FEDERAL CPN DESIGNATIONS
CC REGIONAL HOSPITALS ADMINISTRATIVE OFFICE - 6803 MAYFIELD RD. BLD1 STE 500 - MAYFIELD HEIGHTS, OH 44124	34-0714570		7,674.	0.			DESIGNATIONS
CENTER FOR COMMUNITY SOLUTIONS P.O. BOX 92382 CLEVELAND, OH 44193	34-0714723		7,926.	0.			DESIGNATIONS

Schedule I (Form 990)

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

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CENTERS FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		992,203.	0.			PROGRAM GRANTS
CENTERS FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		81,425.	0.			DESIGNATIONS
CHAGRIN FALLS PARK COMMUNITY CENTER - 7060 WOODLAND AVENUE - CHAGRIN FALLS, OH 44022	34-6556661		13,490.	0.			DESIGNATIONS
CHAGRIN FALLS PARK COMMUNITY CENTER - 7060 WOODLAND AVENUE - CHAGRIN FALLS, OH 44022	34-6556661		34,500.	0.			PROGRAM GRANTS
CHARITIES UNDER 1% OVERHEAD P.O. BOX 45754 SAN FRANCISCO, CA 94145	27-3132554		12,888.	0.			FEDERAL CPN DESIGNATIONS
CHARITY WITHOUT BORDERS FEDERATION 1100 LARKSPUR LDG CIR #340 LARKSPUR, CA 94145	94-3148590		9,863.	0.			FEDERAL CPN DESIGNATIONS
CHILDREN FIRST AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279	30-0186795		15,696.	0.			FEDERAL CPN DESIGNATIONS
CHILDRENS CHARITIES OF AMERICA P O BOX 45754 SAN FRANCISCO, CA 94145	94-3148588		21,105.	0.			FEDERAL CPN DESIGNATIONS
CHILDREN'S HUNGER ALLIANCE 3634 EUCLID AVENUE CLEVELAND, OH 44115	23-7303509		24,500.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HUNGER ALLIANCE 3634 EUCLID AVENUE CLEVELAND, OH 44115	23-7303509		13,633.	0.			DESIGNATIONS
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - P O BOX 45754 - SAN FRANCISCO, CA 94145	27-0093393		18,610.	0.			FEDERAL CPN DESIGNATIONS
CHRISTIAN CHARITIES USA P O BOX 45758 SAN FRANCISCO, CA 94145	94-3255961		13,310.	0.			FEDERAL CPN DESIGNATIONS
CHRISTIAN SERVICE CHARITIES 8001 BRADDOCK RD. SPRINGFIELD, IL 22151	94-3193374		45,179.	0.			FEDERAL CPN DESIGNATIONS
CITY YEAR CLEVELAND 526 SUPERIOR AVENUE # 408 CLEVELAND, OH 44114	22-2882549		18,514.	0.			DESIGNATIONS
CITY YEAR CLEVELAND 526 SUPERIOR AVENUE # 408 CLEVELAND, OH 44114	22-2882549		264,600.	0.			PROGRAM GRANTS
CLEVELAND CENTER FOR ARTS&TECHNOLOGY - 3634 EUCLID AVENUE SUITE 100 - CLEVELAND, OH 44115	27-1193704		79,380.	0.			PROGRAM GRANTS
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION - 2801 MARTIN LUTHER KING JR DRIVE - CLEVELAND, OH 44104	34-0714570		37,823.	0.			DESIGNATIONS
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073		17,706.	0.			DESIGNATIONS

Schedule I (Form 990)

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CLEVELAND FOODBANK 15500 S WATERLOO ROAD CLEVELAND, OH 44110	34-1292848		1,099,899.	0.			PROGRAM GRANTS
CLEVELAND FOODBANK 15500 S WATERLOO ROAD CLEVELAND, OH 44110	34-1292848		10,927.	0.			DESIGNATIONS
CLEVELAND FOODBANK 15501 SOUTH WATERLOO ROAD CLEVELAND, OH 44111	34-1292848		60,513.	0.			FEDERAL CPN DESIGNATIONS
CLEVELAND FURNITURE BANK 6610 BIDDULPH ROAD CLEVELAND, OH 44144	56-2610534		3,550.	0.			DESIGNATIONS
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648		47,006.	0.			DESIGNATIONS
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648		55,022.	0.			PROGRAM GRANTS
CLEVELAND HOUSING NETWORK 2999 PAYNE AVENUE # 306 CLEVELAND, OH 44114	34-1346763		403,360.	0.			PROGRAM GRANTS
CLEVELAND HOUSING NETWORK 2999 PAYNE AVENUE # 306 CLEVELAND, OH 44114	34-1346763		382.	0.			DESIGNATIONS
CLEVELAND MEDIATION CENTER 2012 W 25TH STREET # 412 CLEVELAND, OH 44113	34-1369412		717.	0.			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
CLEVELAND MEDIATION CENTER 2012 W 25TH STREET # 412 CLEVELAND, OH 44113	34-1369412		112,700.	0.			PROGRAM GRANTS
CLEVELAND METROPOLITAN BAR FOUNDATION - 1301 EAST NINTH STREET 2ND FL - CLEVELAND, OH 44114	34-1671726		7,798.	0.			DESIGNATIONS
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339		14,492.	0.			DESIGNATIONS
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVENUE # 1400 CLEVELAND, OH 44114	51-0164315		79,500.	0.			DESIGNATIONS
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVENUE # 1400 CLEVELAND, OH 44114	51-0164315		200,900.	0.			PROGRAM GRANTS
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		44,100.	0.			PROGRAM GRANTS
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		52,993.	0.			DESIGNATIONS
COLLEGE NOW GR CLEVELAND 2000 AUBURN DRIVE # 200 CLEVELAND, OH 44122	13-1624241		17,835.	0.			DESIGNATIONS
COLLEGE NOW GR CLEVELAND 2000 AUBURN DRIVE # 200 CLEVELAND, OH 44122	13-1624241		80,850.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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COMMUNITY HEALTH CHARITIES P.O. BOX 75153 BALTIMORE, MD 21275	13-6167225		133,250.	0.			FEDERAL CPN DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF OHIO 5050 PINE CREEK DRIVE WESTERVILLE, OH 43081	31-1055345		66,476.	0.			FEDERAL CPN DESIGNATIONS
COMMUNITY HOUSING SOLUTIONS 12114 LARCHMERE BOULEVARD CLEVELAND, OH 44120	23-7299143		3,407.	0.			DESIGNATIONS
COMMUNITY HOUSING SOLUTIONS 12114 LARCHMERE BOULEVARD CLEVELAND, OH 44120	23-7299143		46,060.	0.			PROGRAM GRANTS
COMMUNITY LEGAL AID SERVICES, INC. 50 S MAIN STREET # 800 AKRON, OH 44308	34-0753560		6,667.	0.			PROGRAM GRANTS
COMMUNITY RE-ENTRY PROGRAM 1468 W 25TH STREET CLEVELAND, OH 44113	34-1417120		4,393.	0.			DESIGNATIONS
COMMUNITY RE-ENTRY PROGRAM 1468 W 25TH STREET CLEVELAND, OH 44113	34-1417120		44,100.	0.			PROGRAM GRANTS
COMMUNITY SERVICE ALLIANCE 4001 TRENT AVENUE CLEVELAND, OH 44109	20-1418132		21,070.	0.			PROGRAM GRANTS
COMMUNITY SERVICE ALLIANCE 4001 TRENT AVENUE CLEVELAND, OH 44109	20-1418132		2,191.	0.			DESIGNATIONS

Schedule I (Form 990)

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

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CONSERVATION & PRESERVATION PO BOX 45754 SAN FRANCISCO, CA 94145	94-3217738		8,717.	0.			FEDERAL CPN DESIGNATIONS
CROHN'S AND COLITIS FDN OF AMERICA 4700 ROCKSIDE ROAD #425 INDEPENDENCE, OH 44131	13-6193105		5,257.	0.			DESIGNATIONS
CYSTIC FIBROSIS FOUNDATION-RAINBOW CHAPTER - 4635 RICHMOND ROAD # 103 - WARRENSVILLE HEIGHTS, OH 44128	13-1930701		22,932.	0.			DESIGNATIONS
DDC (DAS DEUTCH) CLINIC FOR SPECIAL NEEDS CHILDREN - PO BOX 845 - MIDDLEFIELD, OH 44062	34-1914344		5,507.	0.			DESIGNATIONS
DDC (DAS DEUTCH) CLINIC FOR SPECIAL NEEDS CHILDREN - PO BOX 845 - MIDDLEFIELD, OH 44062	34-1914344		12,500.	0.			PROGRAM GRANTS
DIABETES PARTNERSHIP OF CLEVELAND 3601 S GREEN ROAD # 100 CLEVELAND, OH 44122	34-0762558		52,775.	0.			DESIGNATIONS
DIABETES PARTNERSHIP OF CLEVELAND 3601 S GREEN ROAD # 100 CLEVELAND, OH 44122	34-0762558		30,870.	0.			PROGRAM GRANTS
DOMESTIC VIOLENCE&CHILDADVOCACYCTR PO BOX 5466 CLEVELAND, OH 44101	34-1278377		271,460.	0.			PROGRAM GRANTS
DOMESTIC VIOLENCE&CHILDADVOCACYCTR PO BOX 5466 CLEVELAND, OH 44101	34-1278377		61,305.	0.			DESIGNATIONS

Schedule I (Form 990)

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DRESS FOR SUCCESS 2239 E 55TH STREET CLEVELAND, OH 44103	34-1872331		7,957.	0.			DESIGNATIONS
EARLY CHILDHOOD ENRICHMENT CENTER 19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1149833		8,069.	0.			DESIGNATIONS
EARTHSHARE OH 3528 N HIGH ST SUITE E COLUMBUS, OH 43214	52-1601960		8,352.	0.			FEDERAL CPN DESIGNATIONS
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		58,800.	0.			PROGRAM GRANTS
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		2,526.	0.			DESIGNATIONS
EAST SIDE ORGANIZING PROJECT 7000 EUCLID AVENUE STE 203 CLEVELAND, OH 44103	34-1752943		98,000.	0.			PROGRAM GRANTS
ELIZA BRYANT VILLAGE 7201 WADE PARK AVENUE CLEVELAND, OH 44103	34-0715816		1,903.	0.			DESIGNATIONS
ELIZA BRYANT VILLAGE 7201 WADE PARK AVENUE CLEVELAND, OH 44103	34-0715816		45,080.	0.			PROGRAM GRANTS
EMERALD DEVELOPMENT & ECONOMIC NETWORK - 7812 MADISON AVENUE - CLEVELAND, OH 44102	34-1667990		72,520.	0.			PROGRAM GRANTS

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ENTERPRISE COMMUNITY PARTNERS, INC. - 3500 LORAIN AVENUE # 300 - CLEVELAND, OH 44113	52-1231931		183,260.	0.			PROGRAM GRANTS
EPILEPSY ASSOCIATION 2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		21,849.	0.			DESIGNATIONS
EPILEPSY ASSOCIATION 2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		69,580.	0.			PROGRAM GRANTS
ESPERANZA, INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		36,750.	0.			PROGRAM GRANTS
ESPERANZA, INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		24,784.	0.			DESIGNATIONS
FAIRFAX RENAISSANCE DEVELOPMENT CORP - 8111 QUINCY AVE. STE 100 - CLEVELAND, OH 44104	34-1706856		71,540.	0.			PROGRAM GRANTS
FAIRHILL PARTNERS 12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-1549927		110,250.	0.			PROGRAM GRANTS
FAIRHILL PARTNERS 12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-1549927		2,013.	0.			DESIGNATIONS
FAMILY & COMMUNITY SVCS 705 OAKWOOD ST #221 RAVENNA, OH 44266	34-1902451		65,700.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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FAMILY CONNECTIONS (WAS SHAKER FAMILY) - 19824 SUSSEX ROAD - SHAKER HEIGHTS, OH 44122	34-1696816		162,430.	0.			PROGRAM GRANTS
FAMILY CONNECTIONS (WAS SHAKER FAMILY) - 19824 SUSSEX ROAD - SHAKER HEIGHTS, OH 44122	34-1696816		7,491.	0.			DESIGNATIONS
FAMILY PRIDE NORTHEAST OHIO 100 PARKER COURT CHARDON, OH 44024	56-2412832		13,400.	0.			PROGRAM GRANTS
FAMILY PROMISE OF GR CLEVELAND 3470 E 152ND STREET CLEVELAND, OH 44120	34-1598710		15,851.	0.			DESIGNATIONS
FAMILY PROMISE OF GR CLEVELAND 3470 E 152ND STREET CLEVELAND, OH 44120	34-1598710		68,600.	0.			PROGRAM GRANTS
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	34-1138269		75,460.	0.			PROGRAM GRANTS
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	34-1138269		3,508.	0.			DESIGNATIONS
FEEDING MEDINA COUNTY 901 W LAFAYETTE RD MEDINA, OH 44256	45-4049528		21,133.	0.			PROGRAM GRANTS
FEEDING MEDINA COUNTY 901 W LAFAYETTE RD MEDINA, OH 44256	45-4049528		671.	0.			FEDERAL CPN DESIGNATIONS

Schedule I (Form 990)

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FIRST TEE OF CLEVELAND 3841 WASHINGTON PARK BLVD NEWBURGH HTS, OH 44105	34-1915692		16,031.	0.			DESIGNATIONS
FLASHES OF HOPE 36 S FRANKLIN STREET CHAGRIN FALLS, OH 44022	04-3648694		12,195.	0.			DESIGNATIONS
FREE MEDICAL CLINIC OF GREATER CLEVE - 12201 EUCLID AVENUE - CLEVELAND, OH 44106	23-7078501		84,248.	0.			PROGRAM GRANTS
FREE MEDICAL CLINIC OF GREATER CLEVE - 12201 EUCLID AVENUE - CLEVELAND, OH 44106	23-7078501		6,794.	0.			DESIGNATIONS
FRIENDLY INN SETTLEMENT, INC. 2386 UNWIN ROAD CLEVELAND, OH 44104	34-0714413		38,268.	0.			DESIGNATIONS
FRIENDS OF BREAKTHROUGH SCHOOLS 3615 SUPERIOR AVE. STE. 3103A CLEVELAND, OH 44114	20-4948838		36,263.	0.			DESIGNATIONS
FRONT STEPS HOUSING & SERVICES 1545 W 25TH STREET CLEVELAND, OH 44113	34-1424555		39,200.	0.			PROGRAM GRANTS
FRONT STEPS HOUSING & SERVICES 1545 W 25TH STREET CLEVELAND, OH 44113	34-1424555		20,799.	0.			DESIGNATIONS
FRONTLINE (WAS MENTAL HEALTH HOMELESS) - 1736 SUPERIOR AVENUE - CLEVELAND, OH 44114	34-1607734		335,160.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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FRONTLINE (WAS MENTAL HEALTH HOMELESS) - 1736 SUPERIOR AVENUE - CLEVELAND, OH 44114	34-1607734		13,571.	0.			DESIGNATIONS
GEAUGA EDUCATIONAL SERVICE CENTER 470 CENTER STREET, BLDG 2 CHARDON, OH 44024	34-1254450		20,000.	0.			PROGRAM GRANTS
GIRL SCOUTS OF NE OHIO CLEVELAND ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0714415		40,328.	0.			PROGRAM GRANTS
GIRL SCOUTS OF NORTHEAST OHIO-NORTH REGION - ONE GIRL SCOUT WAY - MACEDONIA, OH 44056	34-0714415		20,237.	0.			DESIGNATIONS
GLOBAL IMPACT P O BOX 409616 ATLANTA, GA 30384	52-1273585		38,668.	0.			FEDERAL CPN DESIGNATIONS
GR CLEVELAND COMMUNITY SHARES 3631 PERKINS AVENUE 3RD FLOOR CLEVELAND, OH 44114	34-1493880		21,836.	0.			DESIGNATIONS
GR CLEVELAND COMMUNITY SHARES 3631 PERKINS AVE, 3RD FLOOR CLEVELAND, OH 44114	34-1493880		37,044.	0.			FEDERAL CPN DESIGNATIONS
GR CLEVELAND FISHER HOUSE 21886 SEABURY AVENUE CLEVELAND, OH 44126	80-0678828		42,626.	0.			FEDERAL CPN DESIGNATIONS
GR CLEVELAND VOLUNTEERS (WAS RSVP) - 4614 PROSPECT AVENUE # 205 - CLEVELAND, OH 44103	34-1356768		3,143.	0.			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
GR CLEVELAND VOLUNTEERS (WAS RSVP) - 4614 PROSPECT AVENUE # 205 - CLEVELAND, OH 44103	34-1356768		94,276.	0.			PROGRAM GRANTS
GR CLEVELAND YOUTH FOR CHRIST 3274 W 58TH STREET # 205 CLEVELAND, OH 44102	36-2193619		3,447.	0.			FEDERAL CPN DESIGNATIONS
HANNA PERKINS SCHOOL 19910 MALVERN ROAD CLEVELAND, OH 44122	34-1269765		10,117.	0.			DESIGNATIONS
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE SE CLEVELAND, OH 44128	23-7098744		26,948.	0.			PROGRAM GRANTS
HE BROUGHT US OUT MINISTRY 526 N HOWARD STREET AKRON, OH 44310	34-1950491		5,663.	0.			FEDERAL CPN DESIGNATIONS
HEALTH & MEDICAL RESEARCH P.O. BOX 45754 SAN FRANCISCO, CA 94145	94-3217739		54,602.	0.			FEDERAL CPN DESIGNATIONS
HEALTH FIRST- AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279	30-0186796		14,920.	0.			FEDERAL CPN DESIGNATIONS
HIRAM HOUSE CAMP 33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	34-0714352		13,867.	0.			DESIGNATIONS
HOPEWELL INN PO BOX 193 MESOPOTAMIA, OH 44439	34-1739967		8,800.	0.			DESIGNATIONS

Schedule I (Form 990)

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HOSPICE OF MEDINA COUNTY 797 N COURT STREET MEDINA, OH 44256	34-1363926		2,389.	0.			DESIGNATIONS
HOSPICE OF THE WESTERN RESERVE INC. - 300 E 185TH STREET - CLEVELAND, OH 44119	34-1256377		202,897.	0.			DESIGNATIONS
HUDSON COMMUNITY SERVICE ASSN PO BOX 1472 HUDSON, OH 44236	34-6548847		5,000.	0.			DESIGNATIONS
HUMAN SVC CHARITIES OF AMER P.O. BOX 79770 BALTIMORE, MD 21279	94-3240353		5,549.	0.			FEDERAL CPN DESIGNATIONS
HUNGER NETWORK OF GREATER CLEVELAND - 614 W SUPERIOR #744 - CLEVELAND, OH 44113	34-1810545		7,239.	0.			FEDERAL CPN DESIGNATIONS
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVENUE, SUITE 902 - NEW YORK, NY 10018	13-3349872		5,000.	0.			DESIGNATIONS
INTERNATIONAL SERVICES CENTER 1859 PROSPECT AVENUE CLEVELAND, OH 44115	34-0766157		1,920.	0.			DESIGNATIONS
INTERNATIONAL SERVICES CENTER 1859 PROSPECT AVENUE CLEVELAND, OH 44115	34-0766157		38,220.	0.			PROGRAM GRANTS
JDRF INTERNATIONAL NE OHIO 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729		16,708.	0.			DESIGNATIONS

Schedule I (Form 990)

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JENNINGS CENTER FOR OLDER ADULTS 10204 GRANGER ROAD GARFIELD HEIGHTS, OH 44125	34-0714679		4,917.	0.			DESIGNATIONS
JEWISH COMMUNITY CENTER 26001 S WOODLAND ROAD BEACHWOOD, OH 44122	34-0714439		2,574.	0.			DESIGNATIONS
JEWISH COMMUNITY FEDERATION OF CLEVE - 1750 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714445		1,710,022.	0.			PROGRAM GRANTS
JEWISH COMMUNITY FEDERATION OF CLEVE - 1750 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714445		58,220.	0.			DESIGNATIONS
JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND - 3659 S GREEN ROAD # 322 - BEACHWOOD, OH 44122	34-0714441		10,041.	0.			DESIGNATIONS
JULIE BILLIART SCHOOL 4982 CLUBSIDE ROAD LYNDURST, OH 44124	34-0827831		9,420.	0.			DESIGNATIONS
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND - 1422 EUCLID AVENUE # 525 - CLEVELAND, OH 44115	13-1635270		23,063.	0.			DESIGNATIONS
KARAMU HOUSE, INC. 2355 E 89TH STREET CLEVELAND, OH 44106	34-0714448		23,401.	0.			DESIGNATIONS
KIDNEY FOUNDATION OF OHIO 2831 PROSPECT AVENUE CLEVELAND, OH 44115	34-0827748		35,361.	0.			DESIGNATIONS

Schedule I (Form 990)

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KIDNEY FOUNDATION OF OHIO, INC. 2831 PROSPECT AVENUE CLEVELAND, OH 44115	34-0827748		25,474.	0.			PROGRAM GRANTS
LAKE-GEAUGA RECOVERY CENTERS, INC. 200 CENTER STREET UNIT B CHARDON, OH 44024	34-1119240		3,851.	0.			DESIGNATIONS
LAKE-GEAUGA RECOVERY CENTERS, INC. 200 CENTER STREET UNIT B CHARDON, OH 44024	34-1119240		66,096.	0.			PROGRAM GRANTS
LAKEWOOD COMMUNITY SERVICE CENTER 14230 MADISON AVENUE LAKEWOOD, OH 44107	34-1446497		39,200.	0.			PROGRAM GRANTS
LAKEWOOD COMMUNITY SERVICE CENTER 14230 MADISON AVENUE LAKEWOOD, OH 44107	34-1446497		3,455.	0.			DESIGNATIONS
LINKING EMPLOYMENT ABILITY/POTENTIAL - 1468 W 25TH STREET - CLEVELAND, OH 44113	34-1369608		120,540.	0.			PROGRAM GRANTS
LINKING EMPLOYMENT ABILITY/POTENTIAL - 1469 W 25TH STREET - CLEVELAND, OH 44113	34-1369608		6,376.	0.			DESIGNATIONS
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH STREET CLEVELAND, OH 44113	34-0866026		176,400.	0.			PROGRAM GRANTS
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH STREET CLEVELAND, OH 44113	34-0866026		114,445.	0.			DESIGNATIONS

Schedule I (Form 990)

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LUTHERAN FAMILY SERVICES 112 COX AVE RALEIGH, NC 27605	41-1568278		52,920.	0.			PROGRAM GRANTS
LUTHERAN METROPOLITAN MINISTRY 1468 W 25TH STREET CLEVELAND, OH 44113	34-1043756		29,106.	0.			DESIGNATIONS
MAGNOLIA CLUB HOUSE, INC. 11101 MAGNOLIA AVENUE CLEVELAND, OH 44106	52-2441206		41,985.	0.			DESIGNATIONS
MAGNOLIA CLUB HOUSE, INC. 11101 MAGNOLIA AVENUE CLEVELAND, OH 44106	52-2441206		141,443.	0.			PROGRAM GRANTS
MAKE-A-WISH FDN OF GR OH, KY & IN 1422 EUCLID AVENUE # 239 CLEVELAND, OH 44115	34-1471131		7,219.	0.			DESIGNATIONS
MARYMOUNT HOSPITAL 12300 MCCracken ROAD GARFIELD HEIGHTS, OH 44125	34-0714458		2,849.	0.			DESIGNATIONS
MEDICAL RESEARCH CHAR P. O. BOX 79703 BALTIMORE, MD 21279	94-3148591		18,769.	0.			FEDERAL CPN DESIGNATIONS
MERRICK HOUSE 1050 STARKWEATHER AVENUE CLEVELAND, OH 44113	34-0714463		18,602.	0.			PROGRAM GRANTS
MERRICK HOUSE 1050 STARKWEATHER AVENUE CLEVELAND, OH 44113	34-0714463		4,483.	0.			DESIGNATIONS

Schedule I (Form 990)

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METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695		13,127.	0.			DESIGNATIONS
METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695		73,500.	0.			PROGRAM GRANTS
MILESTONES AUTISM ORGANIZATION 23880 COMMERCE PARK STE 2 CLEVELAND, OH 44122	20-0721205		9,380.	0.			DESIGNATIONS
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING COURT SUITE LARKSPUR, CA 94939	27-2242752		14,292.	0.			FEDERAL CPN DESIGNATIONS
MILITARY VETERANS & PATRIOTIC P O BOX 45766 SAN FRANCISCO, CA 94145	94-3193418		49,698.	0.			FEDERAL CPN DESIGNATIONS
MURTIS H. TAYLOR MULTI-SERVICE CENTER - 13422 KINSMAN ROAD - CLEVELAND, OH 44120	23-7158458		13,898.	0.			DESIGNATIONS
MURTIS H. TAYLOR MULTI-SERVICE CENTER - 13422 KINSMAN ROAD - CLEVELAND, OH 44120	23-7158458		254,800.	0.			PROGRAM GRANTS
NAMI GREATER CLEVELAND 1400 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44113	34-1439654		4,290.	0.			DESIGNATIONS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 6155 ROCKSIDE ROAD # 202 - CLEVELAND, OH 44131	34-0801307		7,588.	0.			DESIGNATIONS

Schedule I (Form 990)

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NEIGHBORHOOD HEALTH CARE, INC. 3569 RIDGE ROAD CLEVELAND, OH 44102	34-1300581		121,275.	0.			PROGRAM GRANTS
NEIGHBORHOOD HOUSING SVCS GR CLEVE 5700 BROADWAY AVENUE CLEVELAND, OH 44127	34-1166865		88,200.	0.			PROGRAM GRANTS
NEIGHBORHOOD LEADERSHIP INSTITUTE 1761 E 30TH STREET # 200 CLEVELAND, OH 44114	01-0621494		2,132.	0.			DESIGNATIONS
NEW DIRECTIONS INC. 30800 CHAGRIN BOULEVARD CLEVELAND, OH 44124	34-1313806		11,039.	0.			DESIGNATIONS
NEW DIRECTIONS, INC. 30800 CHAGRIN BOULEVARD CLEVELAND, OH 44124	34-1313806		56,840.	0.			PROGRAM GRANTS
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE # 204 LAKEWOOD, OH 44107	34-1536257		28,578.	0.			DESIGNATIONS
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE # 204 LAKEWOOD, OH 44107	34-1536257		104,693.	0.			PROGRAM GRANTS
NORTHERN OHIO HEMOPHILIA FOUNDATION - 4807 ROCKSIDE ROAD # 380 - CLEVELAND, OH 44131	34-1018501		2,411.	0.			DESIGNATIONS
NUEVA LUZ URBAN RESOURCE CENTER 2226 WEST 89TH STREET CLEVELAND, OH 44102	34-1972937		58,800.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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OHIO UNITED WAY 395 EAST BROAD STREET #320 COLUMBUS, OH 43215	31-4379529		114,142.	0.			PROGRAM GRANTS
OPEN DOORS 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716		1,739.	0.			FEDERAL CPN DESIGNATIONS
OPEN DOORS ACADEMY 3311 PERKINS AVE CLEVELAND, OH 44114	04-3697716		85,848.	0.			PROGRAM GRANTS
ORCA HOUSE, INC. 1909 E 89TH STREET CLEVELAND, OH 44106	34-6579390		78,400.	0.			PROGRAM GRANTS
ORCA HOUSE, INC. 1909 E 89TH STREET CLEVELAND, OH 44106	34-6579390		4,145.	0.			DESIGNATIONS
PARMA HOSPITAL HEALTHCARE FOUNDATION - 7007 POWERS BOULEVARD - PARMA, OH 44129	34-0827442		16,103.	0.			DESIGNATIONS
PLANNED PARENTHOOD OF NE OH 444 W EXCHANGE STREET AKRON, OH 44302	34-1015976		1,876.	0.			DESIGNATIONS
PLANNED PARENTHOOD OF NE OH GR CLEVE - 444 W EXCHANGE STREET - AKRON, OH 44302	34-1015976		39,168.	0.			DESIGNATIONS
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVENUE CLEVELAND, OH 44115	34-1127919		257,569.	0.			PROGRAM GRANTS

Schedule I (Form 990)



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POSITIVE EDUCATION PROGRAM 3100 EUCLID AVENUE CLEVELAND, OH 44115	34-1127219		25,959.	0.			DESIGNATIONS
POSTAL EMPLOYEES RELIEF FUND P O BOX 34500 WASHINGTON, DC 20043	52-1666010		7,544.	0.			FEDERAL CPN DESIGNATIONS
PROJECT LEARN 2728 EUCLID AVENUE # 200 CLEVELAND, OH 44115	34-1664385		18,452.	0.			DESIGNATIONS
PROJECT LEARN 2728 EUCLID AVENUE # 200 CLEVELAND, OH 44115	34-1664385		48,060.	0.			PROGRAM GRANTS
PROVIDENCE HOUSE, INC. 2037 W 32ND STREET CLEVELAND, OH 44113	34-1336325		32,876.	0.			DESIGNATIONS
PROVIDENCE HOUSE, INC. 2037 W 32ND STREET CLEVELAND, OH 44113	34-1336325		98,000.	0.			PROGRAM GRANTS
RAINEY INSTITUTE 1705 E. 55TH STREET CLEVELAND, OH 44103	34-6555952		24,500.	0.			PROGRAM GRANTS
RAINEY INSTITUTE 1705 E. 55TH STREET CLEVELAND, OH 44103	34-6555952		42,050.	0.			DESIGNATIONS
RAPE CRISIS CENTER 1228 EUCLID AVENUE #210 CLEVELAND, OH 44115	51-0164315		6,250.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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RAVENWOOD MENTAL HEALTH CENTER 12557 RAVENWOOD DRIVE CHARDON, OH 44024	34-6573631		93,900.	0.			PROGRAM GRANTS
RAVENWOOD MENTAL HEALTH CENTER 12557 RAVENWOOD DRIVE CHARDON, OH 44024	34-6573631		3,727.	0.			DESIGNATIONS
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	34-1211116		120,050.	0.			PROGRAM GRANTS
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	34-1211116		31,853.	0.			DESIGNATIONS
RISING STAR LEARNING CENTER PO BOX 5095 MENTOR, OH 44061	02-0776965		13,814.	0.			DESIGNATIONS
RONALD MCDONALD HOUSE 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123		7,728.	0.			FEDERAL CPN DESIGNATIONS
RONALD MCDONALD HOUSE OF CLEVELAND 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123		12,031.	0.			DESIGNATIONS
ROSE CENTERS ON AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0796438		123,480.	0.			PROGRAM GRANTS
ROSE CENTERS ON AGING WELL 11890 FAIRHILL ROAD CLEVELAND, OH 44120	34-0796438		12,156.	0.			DESIGNATIONS

Schedule I (Form 990)

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ROSEMARY CENTER 19350 EUCLID AVENUE CLEVELAND, OH 44117	34-1267579		24,541.	0.			DESIGNATIONS
SALVATION ARMY 1710 PROSPECT AVENUE CLEVELAND, OH 44115	34-0714378		142,624.	0.			DESIGNATIONS
SALVATION ARMY GR CLEVELAND 1710 PROSPECT AVENUE CLEVELAND, OH 44115	34-0714378		311,599.	0.			PROGRAM GRANTS
SALVATION ARMY - WADSWORTH 527 COLLEGE STREET WADSWORTH, OH 44282	13-5562351		8,333.	0.			PROGRAM GRANTS
SEEDS OF LITERACY 3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109	20-0884284		46,060.	0.			PROGRAM GRANTS
SEEDS OF LITERACY 3104 W 25TH STREET 3RD FLOOR CLEVELAND, OH 44109	20-0884284		6,389.	0.			DESIGNATIONS
SENIOR CITIZENS RESOURCES, INC. 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212		5,431.	0.			DESIGNATIONS
SENIOR CITIZENS RESOURCES, INC. 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212		73,500.	0.			PROGRAM GRANTS
SENIOR TRANSPORTATION CONNECTION 323 LAKESIDE AVE. # 400 CLEVELAND, OH 44113	30-0319480		2,111.	0.			DESIGNATIONS

Schedule I (Form 990)

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SENIOR TRANSPORTATION CONNECTION 323 LAKESIDE AVE. # 400 CLEVELAND, OH 44113	30-0319480		88,200.	0.			PROGRAM GRANTS
SHOES AND CLOTHES FOR KIDS 4614 PROSPECT AVE STE 511 CLEVELAND, OH 44103	34-1554285		5,210.	0.			FEDERAL CPN DESIGNATIONS
SOLUTIONS BEHAVIORAL HEALTH 246 NORTHLAND DRIVE MEDINA, OH 44256	34-1371559		22,167.	0.			PROGRAM GRANTS
SOUTHWEST COMMUNITY HEALTH SYSTEM 18697 E BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	34-0753531		3,733.	0.			DESIGNATIONS
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVENUE CLEVELAND, OH 44113	34-1028559		2,990.	0.			DESIGNATIONS
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVENUE CLEVELAND, OH 44113	34-1028559		38,384.	0.			PROGRAM GRANTS
SPECIAL STARS OF THE NORTH COAST, INC. - 24494 WESTWOOD ROAD - WESTLAKE, OH 44145	34-1600949		10,527.	0.			DESIGNATIONS
ST VINCENT CHARITY MEDICAL CENTER 2351 E 22ND STREET CLEVELAND, OH 44115	34-1893452		7,451.	0.			DESIGNATIONS
STARTING POINT 4600 EUCLID AVENUE # 500 CLEVELAND, OH 44103	34-1650004		162,350.	0.			PROGRAM GRANTS

Schedule I (Form 990)

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STARTING POINT 4600 EUCLID AVENUE # 500 CLEVELAND, OH 44103	34-1650004		6,985.	0.			DESIGNATIONS
SUICIDE PREVENTION EDUCATION ALLIANCE - 29425 CHAGRIN BLVD #203 - CLEVELAND, OH 44122	31-1724365		11,810.	0.			DESIGNATIONS
THE CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	34-0760587		24,944.	0.			DESIGNATIONS
THE CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	34-0760587		12,161.	0.			FEDERAL CPN DESIGNATIONS
THE DIVERSITY CENTER OF NE OHIO 3659 GREEN ROAD #220 CLEVELAND, OH 44122	20-1966761		6,495.	0.			DESIGNATIONS
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE CLEVELAND, OH 44122	34-1879035		7,665.	0.			DESIGNATIONS
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE CLEVELAND, OH 44122	34-1879035		5,071.	0.			FEDERAL CPN DESIGNATIONS
THE RAINEY INSTITUTE 1523 E 55TH STREET CLEVELAND, OH 44103	34-6555952		13,568.	0.			DESIGNATIONS
TOLEDO SEAGATE FOODBANK 256 HIGH ST TOLEDO, OH 43609	51-0252948		5,920.	0.			FEDERAL CPN DESIGNATIONS

Schedule I (Form 990)

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TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVENUE # 300 CLEVELAND, OH 44115	34-1578831		49,480.	0.			DESIGNATIONS
TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVENUE # 300 CLEVELAND, OH 44115	34-1578831		147,980.	0.			PROGRAM GRANTS
UNIVERSITY HOSPITALS RAINBOW BABIES AND CHILDREN'S HO - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-0714775		13,826.	0.			DESIGNATIONS
UNIQUE & NOTEWORTHY CHARITIES 1100 LARKSPUR LDG CIR #340 LARKSPUR, CA 94939	46-3016556		10,139.	0.			FEDERAL CPN DESIGNATIONS
UNITED BLACK FUND OF GREATER CLEVELAND - 1621 EUCLID AVENUE # 830 - CLEVELAND, OH 44115	34-1366892		7,983.	0.			DESIGNATIONS
UNITED BLACK FUND OF GREATER CLEVELAND - 1621 EUCLID AVENUE # 830 - CLEVELAND, OH 44115	34-1366892		646,298.	0.			PROGRAM GRANTS
UNITED CEREBRAL PALSY ASSN OF GREATER CLEVELAND - 10011 EUCLID AVENUE - CLEVELAND, OH 44106	34-0753561		50,172.	0.			DESIGNATIONS
UNITED CEREBRAL PALSY ASSN OF GREATER CLEVELAND - 10011 EUCLID AVENUE - CLEVELAND, OH 44106	34-0753561		131,320.	0.			PROGRAM GRANTS
UNITED LABOR AGENCY, INC. 3328 CARNEGIE AVENUE CLEVELAND, OH 44115	23-7180005		38,220.	0.			PROGRAM GRANTS

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 NEGRO COLLEGE FUND (UNCF) 8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241		11,941.	0.			FEDERAL CPN DESIGNATIONS
UNITED NEGRO COLLEGE FUND INC. 2000 AUBURN DRIVE # 200 CLEVELAND, OH 44122	13-1624241		31,692.	0.			DESIGNATIONS
UNITED WAY OF ERIE PA 420 W 6TH STREET ERIE, PA 16507	25-1053091		11,143.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GR CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502		5,188.	0.			DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY - 1875 N RIDGE ROAD E # H - LORAIN, OH 44055	34-1011104		86,625.	0.			DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY - 1875 N RIDGE ROAD E # H - LORAIN, OH 44055	34-1011104		28,411.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE STREET #T500 LOS ANGELES, CA 90015	95-2274801		9,345.	0.			DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE NW CANTON, OH 44718	13-4254191		7,363.	0.			DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE NW CANTON, OH 44718	13-4254191		5,544.	0.			FEDERAL CPN DESIGNATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER TOLEDO PO BOX 527 TOLEDO, OH 43697	34-4427947		14,745.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		6,403.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		731,169.	0.			PROGRAM GRANTS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		14,968.	0.			DESIGNATIONS
UNITED WAY OF MEDINA COUNTY 704 N COURT STREET MEDINA, OH 44256	23-7110762		82,083.	0.			DESIGNATIONS
UNITED WAY OF NEW YORK CITY 205 EAST 42ND STREET NEW YORK, NY 10017	13-2617681		9,558.	0.			DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY PO BOX 845 RAVENNA, OH 44266	34-1024769		23,937.	0.			DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY PO BOX 1260 AKRON, OH 44309	34-1169257		108,021.	0.			DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309	34-1169257		29,233.	0.			FEDERAL CPN 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 TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484	34-1083629		6,535.	0.			DESIGNATIONS
UNITED WAY OF WAYNE & HOLMES COUNTIES, INC. - PO BOX 548 - WOOSTER, OH 44691	34-0946973		6,037.	0.			DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA COUNTY - 209 CENTER STREET - CHARDON, OH 44024	34-6516654		81,917.	0.			DESIGNATIONS
UNITED WAY WORLDWIDE 701 N FAIRFAX ST ALEXANDRIA, VA 22314	13-1635294		372,606.	0.			PROGRAM GRANTS
UNIVERSITY HOSPITALS 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775		122,100.	0.			DESIGNATIONS
UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND, OH 44127	34-0714776		264,404.	0.			PROGRAM GRANTS
UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND, OH 44127	34-0714776		10,650.	0.			DESIGNATIONS
URBAN COMMUNITY SCHOOL 4909 LORAIN AVENUE CLEVELAND, OH 44102	34-6608706		11,007.	0.			DESIGNATIONS
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563		8,954.	0.			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
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563		58,800.	0.			PROGRAM GRANTS
VISITING NURSE ASSOCIATION OF OHIO 2500 E 22ND STREET CLEVELAND, OH 44115	34-0714722		102,900.	0.			PROGRAM GRANTS
VISITING NURSE ASSOCIATION OF OHIO 2500 E 22ND STREET CLEVELAND, OH 44115	34-0714722		20,159.	0.			DESIGNATIONS
VOCATIONAL GUIDANCE SERVICES 2239 E 55TH STREET CLEVELAND, OH 44103	34-0714650		181,300.	0.			PROGRAM GRANTS
VOCATIONAL GUIDANCE SERVICES 2239 E 55TH STREET CLEVELAND, OH 44103	34-0714650		78,909.	0.			DESIGNATIONS
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVENUE CLEVELAND, OH 44115	34-1941907		13,688.	0.			DESIGNATIONS
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687		108,270.	0.			DESIGNATIONS
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687		49,000.	0.			PROGRAM GRANTS
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820		5,016.	0.			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
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820		72,030.	0.			PROGRAM GRANTS
WEST SIDE ECUMENICAL MINISTRY 5209 DETROIT AVENUE CLEVELAND, OH 44102	23-7034175		5,227.	0.			DESIGNATIONS
WILD ANIMALS WORLDWIDE 1100 LARKSPUR LANDING COURT SUITE LARKSPUR, CA 94939	20-8774272		7,460.	0.			FEDERAL CPN DESIGNATIONS
WOMANKIND INC. 5400 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	51-0168651		10,644.	0.			DESIGNATIONS
WOMEN CHILDREN AND FAMILY SERVICES P O BOX 45754 SAN FRANCISCO, CA 94145	94-3193386		13,335.	0.			FEDERAL CPN DESIGNATIONS
WOMEN'S RECOVERY CENTER 6209 STORER AVENUE CLEVELAND, OH 44102	34-1496171		43,120.	0.			PROGRAM GRANTS
WOMENSAFE, INC. 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527		28,997.	0.			DESIGNATIONS
WOMENSAFE, INC. 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527		60,000.	0.			PROGRAM GRANTS
WOUNDED WARRIORS 940 S. 107TH STREET OMAHA, NE 68114	20-1407520		34,157.	0.			FEDERAL CPN 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
YMCA OF GREATER CLEVELAND 2200 PROSPECT AVENUE # 900 CLEVELAND, OH 44115	34-0714728		20,343.	0.			DESIGNATIONS
YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET - YOUNGSTOWN, OH 44505	34-0714598		12,360.	0.			FEDERAL CPN DESIGNATIONS
YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET - YOUNGSTOWN, OH 44505	34-0714598		3,695.	0.			DESIGNATIONS
YOUTH CHALLENGE 800 SHARON DRIVE WESTLAKE, OH 44145	34-1396825		29,552.	0.			DESIGNATIONS
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	34-1381135		268,520.	0.			PROGRAM GRANTS
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	34-1381135		30,133.	0.			DESIGNATIONS
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVENUE CLEVELAND, OH 44103	34-0714800		17,318.	0.			DESIGNATIONS
YWCA OF GREATER CLEVELAND 4019 PROSPECT AVENUE CLEVELAND, OH 44103	34-0714800		123,480.	0.			PROGRAM GRANTS
CUYAHOGA COUNTY OFFICE OF EARLY CHILDHOOD - 310 W LAKESIDE AVENUE # 565 - CLEVELAND, OH 44113	34-6000817		224,471.	0.			PROGRAM GRANTS

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
CUYAHOGA COUNTY PUBLIC LIBRARY 2111 SNOW ROAD PARMA, OH 44134	34-6000819		57,213.	0.			PROGRAM GRANTS
MEDINA COUNTY DISTRICT LIBRARY 210 S BROADWAY ST MEDINA, OH 44256	34-6001165		6,250.	0.			PROGRAM GRANTS

**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 non-cash assistance
FAMILIES IMPACTED BY THE CHARDON HS SHOOTING.	1	8,494.	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:**

UNITED WAY OF GREATER CLEVELAND CLOSELY MONITORS THE USE OF GRANT FUNDS VIA A PROCESS WHICH INCLUDES A PROGRAM REVIEW AND OUTCOME MEASUREMENT OF PROGRAM RESULTS. EACH PROGRAM GRANTEE SUBMITTED A PROPOSAL FOR THE PROGRAM TO BE FUNDED AND WILL BE EVALUATED BASED ON THE OUTCOMES RESULTING FROM THE PROGRAM ACTIVITIES.

**PART III:**

IN EARLY 2012, A SHOOTING OCCURRED AT A HIGH SCHOOL IN CHARDON, OHIO. A

**Part IV** Supplemental Information

FUND WAS SET UP TO HELP THE COMMUNITY HEAL FROM THIS TRAGEDY AND TO HELP THE IMMEDIATE NEEDS OF THE FAMILIES IMPACTED. THESE FUNDS WERE USED FOR MEDICAL AND DISABILITY COSTS, AND OTHER FINANCIAL SUPPORT.

THE CHARITABLE CLASS OF THE CHARDON COMMUNITY ALSO BENEFITTED FROM THE FUND. DURING THE FISCAL YEAR, \$16,706 WAS UTILIZED TO PROVIDE SERVICES TO THE COMMUNITY.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

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

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

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

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

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

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

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

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

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

Schedule J (Form 990) 2015



**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 are not 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) SIMON P. BISSON INTERIM PRESIDENT & CEO	(i)	163,371.	0.	0.	7,356.	21,295.	192,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL E. HEADEN CHIEF FINANCIAL OFFICER	(i)	148,210.	7,500.	0.	20,312.	16,750.	192,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WILLIAM J. KITSON III PRESIDENT & CEO (RESIGNED)	(i)	146,465.	36,000.	0.	17,883.	13,978.	214,326.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JASON R. DANIELS EVP & CHIEF STRATEGY OFFICER	(i)	172,508.	0.	0.	8,760.	23,265.	204,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TRACI L. JADLOS VP COMMUNITY IMPACT; 2-1-1, WLC	(i)	159,521.	0.	0.	8,793.	2,745.	171,059.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

A SOCIAL CLUB MEMBERSHIP IS PROVIDED TO THE PRESIDENT AND CEO ALONG WITH THE VP OF RESOURCE DEVELOPMENT OF UNITED WAY OF GREATER CLEVELAND TO BE USED TO CONDUCT UNITED WAY BUSINESS. DOCUMENTATION IS PROVIDED FOR THE REIMBURSEMENT OF ALL DUES AND OTHER REIMBURSABLE EXPENSES FOR THE MEMBERSHIP.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED WAY OF GREATER CLEVELAND** Employer identification number **34-6516654**

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	72	592,699.	AVG HIGH/LOW GIFT DA
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not 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 non-standard 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 did not 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) (2015)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONVENING PARTNERSHIPS, FUNDING PROGRAMS, AND GENERATING RESOURCES TO  
SUPPORT EDUCATION, INCOME AND HEALTH PRIORITIES IN THE GREATER  
CLEVELAND COMMUNITY.

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

1,351 PRESCHOOL CHILDREN WERE ASSESSED FOR SOCIAL AND EMOTIONAL RISK  
FACTORS.

835 ELEMENTARY SCHOOL STUDENTS SHOWED IMPROVED SOCIAL AND EMOTIONAL  
SKILLS.

482 STUDENTS WERE READING AT OR PROGRESSED TOWARD READING AT GRADE  
LEVEL.

665 HIGH SCHOOL STUDENTS ARE ON TRACK TO GRADUATE ON TIME.

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

15,684 PEOPLE RECEIVED ASSISTANCE FILING THEIR TAXES.

640 PEOPLE SERVED BY FINANCIAL EDUCATION PROGRAMS REDUCED THEIR DEBT.

148 PEOPLE AVOIDED HAVING THEIR HOMES FORECLOSED.

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

427 PEOPLE WERE ABLE TO MAINTAIN SOBRIETY.

473 PEOPLE RECEIVED TRAUMA COUNSELING SERVICES; 369 REPORTED A  
REDUCTION IN PTSD SYMPTOMS.

6,504 PEOPLE LEARNED HOW TO RECOGNIZE THE SIGNS OF ABUSE AND NEGLECT  
AND HOW TO RESPOND  
APPROPRIATELY.

Name of the organization <b>UNITED WAY OF GREATER CLEVELAND</b>	Employer identification number <b>34-6516654</b>
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1,701 PEOPLE SERVED BY CHRONIC DISEASE MANAGEMENT PROGRAMS HAD AN IMPROVED QUALITY OF LIFE.

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

1. EXPENSES \$2,345,104 GRANTS \$0 REVENUES \$709,055

PROVIDE INFORMATION AND REFERRAL SERVICES TO THE COMMUNITY ASSURING THAT THOSE INDIVIDUALS SEEKING SERVICES CAN MOST EFFECTIVELY GAIN ACCESS TO THEM.

2. EXPENSES \$723,487 GRANTS \$0 REVENUES \$340,561

REGIONAL HEALTH AND HUMAN SERVICE WHICH INCLUDES PROMOTING COMMUNITY INVOLVEMENT, PRIORITIZATION IN SURROUNDING COMMUNITIES AND OPERATIONS IN THE REGIONAL NORTHEASTERN AREA (GEAUGA AND MEDINA).

3. EXPENSES \$1,629,885 GRANTS \$0 REVENUES \$41,411

UNITED WAY PROVIDES A METHODOLOGY TO PRIORITIZE, MONITOR AND MEASURE COMMUNITY ISSUES TO ASSURE THAT THE DESIRED OUTCOMES ARE BEING ACHIEVED. THIS INCLUDES RESERCH INTO EMERGING COMMUNITY ISSUES, ESTABLISHING AND MEASURING OUTCOMES FOR THE DESIRED RESULTS IN OUR COMMUNITY AND ASSURING AGENCY PARTNERS HAVE THE CAPACITY TO PROVIDE APPROPRIATE SERVICES.

4. EXPENSES \$509,948 GRANTS \$215,000 REVENUES \$405,625

UNITED WAY HAS HELPED TO CONVENE A PARTNERSHIP WHICH IS TEACHING YOUNG CHILDREN HOW TO BE GOOD CITIZENS AND TO BECOME FUTURE LEADERS IN OUR COMMUNITY. UNITED WAY HAS ALSO PROVIDED A RESOURCE GUIDE TO YOUTH IN OUR COMMUNITY TO HELP THEM GAIN ACCESS TO SEVICES SPECIFIC TO THEIR AGE DEMOGRAPHIC.

Name of the organization UNITED WAY OF GREATER CLEVELAND	Employer identification number 34-6516654
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5. EXPENSES \$12,867,255 GRANTS \$ 11,780,322 REVENUES \$285,603

UNITED WAY PROVIDES FUNDING FOR CAPACITY BUILDING AND COMMUNITY IMPACT. IT IS IMPORTANT FOR NON-PROFITS TO BE STRONG SO THAT A COMMUNITY CAN MAINTAIN ITS SAFETY NET AND UNITED WAY FUNDING HELPS TO ASSURE THIS. DONORS ALSO HAVE THE DISCRETION TO DIRECT A PART OF THEIR DONATION AND, IN THE CURRENT FISCAL YEAR, DONORS DIRECTED \$10.1 MILLION TO HEALTH AND HUMAN SERVICES AT OTHER NON-PROFIT AGENCIES WHICH MAY OR MAY NOT BE UNITED WAY PARTNERS. UNITED WAY ALSO FUNDS CATHOLIC CHARITIES, UNITED BLACK FUND AND THE JEWISH COMMUNITY FEDERATION.

6. EXPENSES \$ 352,340 GRANTS \$ 0 REVENUES \$ 93,838

UNITED WAY HAS INITIATIVES WHICH ENGAGE THE GREATER CLEVELAND COMMUNITY TO GIVE TOWARDS HEALTH AND HUMAN SERVICES, ADVOCATE FOR HEALTH AND HUMAN SERVICES AND VOLUNTEER TO HELP PROVIDE AND EXPAND HEALTH AND HUMAN SERVICES. THIS INCREASES THE COMMUNITY'S ABILITY TO PROVIDE CARE MORE EFFICIENTLY AND EFFECTIVELY IN THE COMMUNITY.

EXPENSES \$ 18,428,019. INCL GRANTS OF \$ 11,995,322. REVENUE \$ 1,876,093.

FORM 990, PART VI, SECTION B, LINE 11:

THE IRS 990 IS REVIEWED BY THE UNITED WAY BOARD OF TRUSTEES PRIOR TO FILING.

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

UNITED WAY OF GREATER CLEVELAND HAS ALL BOARD MEMBERS AND EMPLOYEES COMPLETE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS. IT IS REVIEWED

Name of the organization UNITED WAY OF GREATER CLEVELAND	Employer identification number 34-6516654
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BY THE BOARD AND STAFF TO ENSURE THAT NO SELF INTERESTS ARE SERVED IN CARRYING OUT THE EXEMPT PURPOSE.

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

A COMPENSATION COMMITTEE CONSISTING OF SEVERAL BOARD MEMBERS SETS COMPENSATION FOR THE PRESIDENT AND CEO. THE PRESIDENT AND CEO SETS COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES BASED ON SALARY SURVEY DATA UPDATED ON A REGULAR BASIS.

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

UNITED WAY OF GREATER CLEVELAND MAKES ITS 990 AVAILABLE AFTER THE TIME OF ITS FILING ON ITS WEBSITE (WWW.UNITEDWAYCLEVELAND.ORG). THE IRS 990, ANY CONFLICTS OF INTEREST, ANY GOVERNING DOCUMENTS, AND THE AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE FOR INSPECTION AT THE UNITED WAY OFFICES.



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF GREATER CLEVELAND** Employer identification number **34-6516654**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CLEVELAND COMMUNITY FUND - 34-0714586 1331 EUCLID AVENUE CLEVELAND, OH 44115	SUPPORT - UNITED WAY	OHIO	501(C)(3)	11			X
UNITED WAY OF GEAUGA COUNTY - 20-5575556 209 CENTER STREET CHARDON, OH 44024	UW FOR GEAUGA COUNTY	OHIO	501(C)(3)	7			X

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

Schedule R (Form 990) 2015

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF GEAUGA COUNTY (20-5575556) - RECEIVES DONOR DIRECTED GRANTS	B	81,917.	ACTUAL
(2) CLEVELAND COMMUNITY FUND (34-0714586) - GRANTS TO SUPPORT UW, GR. CLEVELAND	C	248,173.	ACTUAL
(3) UNITED WAY OF GEAUGA COUNTY (20-5575556) GROUP RULLING 5378 ALL OPERATIONS	K	0.	ALL ACTIVITY INCLUDES K, M, N + P
(4) UNITED WAY OF GEAUGA COUNTY (20-5575556) ALL FINANCIAL ACT. CLEVELAND	R	0.	ALL ACTIVITY
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (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 GREATER CLEVELAND</b>	Employer identification number (EIN) or <b>34-6516654</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>1331 EUCLID AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEVELAND, OH 44115-1854</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**MICHAEL E. HEADEN, CHIEF FINANCIAL OFFICER**

- The books are in the care of ▶ **1331 EUCLID AVENUE - CLEVELAND, OH 44115**  
Telephone No. ▶ **216-436-2100** 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) **5378** . If this is for the whole group, check this box  **X** . 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2017** , 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 **JUL 1, 2015** , and ending **JUN 30, 2016** .

**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.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF GREATER CLEVELAND</b>	Employer identification number (EIN) or <b>34-6516654</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 EUCLID AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CLEVELAND, OH 44115-1854</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**MICHAEL E. HEADEN, CHIEF FINANCIAL OFFICER**

- The books are in the care of  **1331 EUCLID AVENUE - CLEVELAND, OH 44115**  
Telephone No.  **216-436-2100** 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) **5378**. 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.

**4** I request an additional 3-month extension of time until **MAY 15, 2017**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2015**, and ending **JUN 30, 2016**.

**6** If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

**7** State in detail why you need the extension  
**TAXPAYER IS AWAITING ADDITIONAL INFORMATION FROM UNRELATED THIRD PARTY IN ORDER TO FILE AN ACCURATE RETURN.**

<b>8a</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>8a</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 and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date