



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B

Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C

Name of organization  
UNITED WAY OF GREATER CLEVELAND

Doing Business As

Number and street (or P O box if mail is not delivered to street address)  
1331 EUCLID AVENUE

Room/suite

City or town, state or country, and ZIP + 4  
CLEVELAND, OH 441151854

F

Name and address of principal officer  
BILL KITSON  
1331 EUCLID AVENUE  
CLEVELAND, OH 441151854

D

Employer identification number  
34-6516654

E Telephone number  
(216) 436-2100

G Gross receipts \$ 44,573,351

I

Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J

Website: WWW UNITEDWAYCLEVELAND ORG

K

Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L

Year of formation

1960

M

State of legal domicile

OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities 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 OUR COMMUNITY'S PRIORITIES UNITED WAY IS THE LARGEST PRIVATE FUNDER OF HEALTH AND HUMAN SERVICES IN NORTHEAST OHIO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	80
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	79
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	152
6 Total number of volunteers (estimate if necessary)	6	7,119	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	40,029,662	41,921,305
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )	1,929,212	1,644,529
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	232,150	146,073
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	421,754	492,822
		42,612,778	44,204,729
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )	31,249,518	31,896,632
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,661,219	7,396,658
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>3,001,999</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,422,003	3,937,037
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	42,332,740	43,230,327
	19 Revenue less expenses Subtract line 18 from line 12	280,038	974,402
Net Assets or Fund Balances	Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	50,144,944	51,136,970
	21 Total liabilities (Part X, line 26)	24,573,574	24,591,198
	22 Net assets or fund balances Subtract line 21 from line 20	25,571,370	26,545,772

Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

2012-11-05

Date

\*\*\*\*\*

BILL KITSON PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

DAVID M REAPE CPA

Date

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)  
P00068117

Firm's name (or yours if self-employed), address, and ZIP + 4

CIUNI & PANICHI INC  
25201 CHAGRIN BLVD 200  
CLEVELAND, OH 441225683

EIN 34-1322309

Phone no (216) 831-7171

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 OUR COMMUNITY'S PRIORITIES UNITED WAY IS THE LARGEST PRIVATE FUNDER OF HEALTH AND HUMAN SERVICES IN NORTHEASTERN OHIO

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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 and section 4947(a)(1) trusts 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 \$ 3,729,539 including grants of \$ 3,729,539 ) (Revenue \$ )

UNITED WAY INVESTED \$3,729,539 TO PROVIDE INDIVIDUALS AND FAMILIES WITH THE MOST BASIC NEEDS, SUCH AS FOOD AND SHELTER, AS WELL AS HELP THEM ACHIEVE SELF SUFFICIENCY FUNDING IN THIS AREA SUPPORTS CREDIT COUNSELING FOR LOW INCOME FAMILIES FINANCIAL LITERACY EDUCATION EMERGENCY FOOD ASSISTANCE AS WELL AS HELP IN ENROLLING IN FOOD PROGRAMS HOMELESSNESS PREVENTION SERVICES AID IN TRANSITIONING TO PERMANENT HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES LEGAL MEDIATION AND DISPUTE RESOLUTION SERVICES FOR FORMERLY INCARCERATED INDIVIDUALS TO HELP WITH REENTRY INTO THE COMMUNITY AND EMPLOYMENT EDUCATION AND HELP TO OVERCOME BARRIERS TO EMPLOYMENT FOR OUR WORKING POOR STAY IN SCHOOL STRATEGIES FOR OUR YOUTH

4b

(Code ) (Expenses \$ 3,489,380 including grants of \$ 3,489,380 ) (Revenue \$ )

UNITED WAY INVESTED \$3,489,380 TO PROVIDE A STRONG FAMILY FOUNDATION AND A GOOD EDUCATION FOR OUR CHILDREN AND THEIR FAMILIES FUNDING IN THIS AREA SUPPORTS MENTORING AND YOUTH DEVELOPMENT ACTIVITIES EARLY CHILDHOOD EDUCATION AND CARE PARENTING SUPPORT SERVICES ACADEMIC ENRICHMENT AND YOUTH DEVELOPMENT FOR PRESCHOOL THROUGH 6TH GRADE FOR CHILDREN WHO ARE ECONOMICALLY DISADVANTAGED

4c

(Code ) (Expenses \$ 2,472,232 including grants of \$ 2,472,232 ) (Revenue \$ )

UNITED WAY INVESTED \$2,472,232 TO HELP SERVE PEOPLE WITH DISABILITIES ADN CHRONIC AND TERMINAL ILLNESSES FUNDING IN THIS AREA SUPPORTS EARLY DIAGNOSING OF DISABLING CONDITIONS IN CHILDREN PROVIDING CASE AND CARE MANAGEMENT TO FACILITATE MORE EFFICIENT AND EFFECTIVE ACCESS TO SERVICES PROVIDING EDUCATION AND TREATMENT FOR CHRONIC ILLNESSES LIKE ASTHMA, DEPRESSION, DIABETES AND CONGESTIVE HEART FAILURE PROVIDING FUNDING FOR HOSPICE AND PALLATIVE CARE FOR THE UNINSURED AND UNDERINSURED

(Code ) (Expenses \$ 26,034,462 including grants of \$ 22,205,481 ) (Revenue \$ 1,644,529 )

1 EXPENSES- \$2,627,630 INCLUDING GRANTS OF \$2,627,630 AND REVENUES OF \$0 UNITED WAY INVESTED \$2,627,630 IN WORKING TO IMPROVE THE BEHAVIORAL HEALTH OF THE COMMUNITY THE INVESTMENT WILL SERVE INDIVIDUALS OF ALL AGES WITH OR AT RISK OF MENTAL ILLNESS OR SUBSTANCE ABUSE, AS WELL AS THOSE WHO EXPERIENCE VIOLENCE AND ABUSE FUNDED PROGRAMS OFFER INTERVENTION AND SUPPORT TO VICTIMS OF ABUSE AND VIOLENCE AND EDUCATE AND SUPPORT THOSE DEALING WITH SUBSTANCE ABUSE FUNDING AREAS ARE DRUG PREVENTION EDUCATION FOR OUR YOUTH OUTPATIENT AND RESIDENTIAL TREATMENT FOR INDIVIDUALS WITH ALCOHOL OR CHEMICAL DEPENDENCY OUTPATIENT CARE, CASE MANAGEMENT AND PSYCHIATRIC DAY TREATMENT TO INDIVIDUALS WITH OR AT RISK FOR MENTAL ILLNESS EARLY PREVENTION MENTAL ILLNESS PROGRAMS FOR CHILDREN FROM BIRTH TO AGE 5 2 EXPENSES- \$1,568,102 INCLUDING GRANTS OF \$1,568,102 AND REVENUES OF \$0 UNITED WAY INVESTED \$1,568,102 TO HELP THE AGING AND SPECIAL NEEDS POPULATION OF OUR COMMUNITY MORE THAN 266,000 SENIORS LIVE IN OUR COMMUNITY AND HAVE A GREAT NEED FOR SERVICES VARYING FROM LIVING WITH A DISABILITY, DEALING WITH POVERTY OR ACCESSING COMMUNITY RESOURCES THE FUNDING AREAS ARE AS FOLLOWS SOCIALIZATION, SUPPORT SERVICES AND TRANSPORTATION FOR SENIORS SERVICES DESIGNED TO HELP LOW INCOME SENIORS AND/OR THOSE WITH DISABILITIES DISASTER RELIEF SERVICES SUPPORT FOR REFUGEES, IMMIGRANTS, AND FOR REPATRIATED PEOPLE TO HELP THEM ADJUST TO OUR COMMUNITY, SUCH AS ENGLISH CLASSES AND HELP ENTERING THE WORKFORCE 3 EXPENSES- \$1,728,143 INCLUDING GRANTS OF \$0 AND REVENUES OF \$772,738 PROVIDED INFORMATION AND REFERRAL SERVICES TO THE COMMUNITY ASSURING THAT THOSE INDIVIDUALS SEEKING SERVICES CAN MOST EFFICIENTLY AND EFFECTIVELY GAIN ACCESS TO THEM 4 EXPENSES- \$443,500 INCLUDING GRANTS OF \$0 AND REVENUES OF \$393,775 REGIONAL HEALTH AND HUMAN SERVICES WHICH INCLUDE PROMOTING COMMUNITY INVOLVEMENT, PRIORITIZATION IN SURROUNDING COMMUNITIES AND OPERATIONS IN THE REGIONAL NORTHEASTERN OHIO AREA (GEAUGA AND MEDINA) 5 EXPENSES- \$959,227 INCLUDING GRANTS OF \$0 AND REVENUES OF \$209,856 UNITED WAY PROVIDES A METHODOLOGY TO PRIORITIZE AND MONITOR COMMUNITY ISSUES TO ASSURE THAT THE DESIRED OUTCOMES ARE BEING ACHIEVED THIS INCLUDES RESEARCH 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 6 EXPENSES- \$255,693 INCLUDING GRANTS OF \$0 AND REVENUES OF \$252,725 UNITED WAY HAS HELPED TO CONVENE A PARTNERSHIP WHICH IS TEACHING YOUNG CHILDREN HOW TO BE GOOD CITIZENS AND 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 SERVICES SPECIFIC TO THEIR AGE DEMOGRAPHIC 7 EXPENSES- \$18,452,167 INCLUDING GRANTS OF \$18,009,749 AND REVENUES OF \$15,435 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 FUNDS THIS AREA DONORS ALSO HAVE THE DISCRETION TO DIRECT A PART OF THEIR DONATION AND, IN 2011, DONORS DIRECTED \$10 7 MILLION TO HEALTH AND HUMAN SERVICES AT OTHER NON-PROFIT AGENCIES WHICH MAY, OR MAY NOT BE UNITED WAY FUNDED PARTNERS UNITED WAY ALSO FUNDS THE CATHOLIC CHARITIES, JEWISH COMMUNITY FEDERATION AND UNITED BLACK FUND FOR A TOTAL OF \$4 0 MILLION

4d

Other program services (Describe in Schedule O )

(Expenses \$ 26,034,462 including grants of \$ 22,205,481 ) (Revenue \$ 1,644,529 )



















4e

Total program service expenses

\$ 35,725,613

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	<b>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> 	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, 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> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
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, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
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, Part I.</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) 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> . . . . .	25a		No
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> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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> . . . . .	35b	Yes	
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	1a34	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .	2a152	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . .	4a	No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	Yes
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	Yes
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders . . . . .	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the aggregate amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	80		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	79
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	Yes

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> MICHAEL E HEADEN CHIEF FINANCIAL OFFICER 1331 EUCLID AVENUE CLEVELAND, OH 44115 (216) 436-2100

Check if Schedule O contains a response to any question in this Part VII . . . . .

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	752,686	0	199,421

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 5

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

## **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

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a2,193,457	41,921,305			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c382,344				
	d	Related organizations . . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f39,345,504				
	g	Noncash contributions included in lines 1a-1f \$ 738,205					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue			Business Code				
	2a	INFORMATION & REFERRAL	900099772,738	772,738			
	b	REGIONAL OFFICE COORD	900099393,775	393,775			
	c	YOUTH PROGRAMS	900099252,725	252,725			
	d	PRIORITIZATION&IMPACT	900099209,856	209,856			
	e	FAMILY SUPPORT PROGRAM	90009915,435	15,435			
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		1,644,529			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		172,155			172,155
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .					
	6a	(i) Real		77,098	77,098		
		77,098					
		(ii) Personal					
	b	Less rental expenses		0			
	c	Rental income or (loss)		77,098			
	d	Net rental income or (loss) . . . . .		77,098	77,098		
	7a	(i) Securities		-26,082			
		32,095					
		(ii) Other					
	b	Less cost or other basis and sales expenses		58,177			
	c	Gain or (loss)		-26,082			
	d	Net gain or (loss) . . . . .		-26,082			-26,082
	8a	Gross income from fundraising events (not including \$ 382,344 of contributions reported on line 1c) See Part IV, line 18 . . . .		310,445			
		a					
		310,445					
	b	Less direct expenses . . . .		310,445			
	c	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . .					
a							
b	Less direct expenses . . . .						
c	Net income or (loss) from gaming activities . .						
10a	Gross sales of inventory, less returns and allowances . . . .						
	a						
b	Less cost of goods sold . . . .						
c	Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code					
11a	ACCTG AND PAYROLL CAPA	900099	352,325	352,325			
b	INSURANCE GROUP MANAGE	900099	63,399	63,399			
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		415,724				
12	Total revenue. See Instructions . . . .		44,204,729	2,137,351	0	146,073	

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) but are not required to complete columns (B), (C), and (D)  
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	31,896,632	31,896,632		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	752,686	213,253	406,498	132,935
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	4,890,112	1,756,723	1,713,509	1,419,880
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	486,137	148,723	204,466	132,948
9	Other employee benefits	851,320	246,659	396,943	207,718
10	Payroll taxes	416,403	148,645	152,546	115,212
11	Fees for services (non-employees)				
a	Management				
b	Legal	14,123		14,123	
c	Accounting	77,094		71,344	5,750
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	30,753		30,753	
g	Other				
12	Advertising and promotion	574,922	115,224	41,500	418,198
13	Office expenses	319,221	92,483	118,980	107,758
14	Information technology	444,640	117,522	275,529	51,589
15	Royalties				
16	Occupancy	442,740	52,994	389,746	
17	Travel	62,840	21,421	22,540	18,879
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,134	1,184	8,950	
20	Interest				
21	Payments to affiliates	375,132	375,132		
22	Depreciation, depletion, and amortization	387,470	34,019	300,871	52,580
23	Insurance	79,909	381	79,528	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	CONSULTANTS/TEMPORARY H	877,841	446,244	199,488	232,109
b	LOCAL MEETINGS	161,537	36,423	32,256	92,858
c	DUES AND SUBSCRIPTIONS	20,265	6,985	11,389	1,891
d	INTERDEPARTMENTAL CHARG	-156,463		-153,442	-3,021
e					
f	All other expenses	214,879	14,966	185,198	14,715
25	Total functional expenses. Add lines 1 through 24f	43,230,327	35,725,613	4,502,715	3,001,999
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			5,350	1	5,350
	2	Savings and temporary cash investments . . . . .			15,976,172	2	15,132,692
	3	Pledges and grants receivable, net . . . . .			20,208,621	3	21,963,423
	4	Accounts receivable, net . . . . .			1,132,884	4	1,257,787
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			10,363	7	0
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			332,632	9	373,968
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	11,218,375			
	b	Less accumulated depreciation . . . . .	10b	5,518,318	5,687,121	10c	5,700,057
	11	Investments—publicly traded securities . . . . .			6,039,490	11	5,893,361
	12	Investments—other securities See Part IV, line 11 . . . . .			752,311	12	810,332
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			50,144,944	16	51,136,970
Liabilities	17	Accounts payable and accrued expenses . . . . .			1,573,103	17	1,419,600
	18	Grants payable . . . . .			21,544,593	18	21,396,924
	19	Deferred revenue . . . . .			1,455,878	19	1,774,674
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			24,573,574	26	24,591,198
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			17,083,673	27	17,366,463
	28	Temporarily restricted net assets . . . . .			8,237,697	28	8,929,309
	29	Permanently restricted net assets . . . . .			250,000	29	250,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			25,571,370	33	26,545,772
	34	Total liabilities and net assets/fund balances . . . . .			50,144,944	34	51,136,970

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,204,729
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,230,327
3	Revenue less expenses Subtract line 2 from line 1	3	974,402
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	25,571,370
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	26,545,772

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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 separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A  
(Form 990 or 990EZ)

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. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER CLEVELAND

Employer identification number  
34-6516654

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 **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

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 that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	43,392,540	40,186,798	39,305,389	40,029,662	41,921,305	204,835,694
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	43,392,540	40,186,798	39,305,389	40,029,662	41,921,305	204,835,694
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						204,835,694

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	43,392,540	40,186,798	39,305,389	40,029,662	41,921,305	204,835,694
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	274,367	881,869	339,909	257,987	249,253	2,003,385
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						206,839,079
12 Gross receipts from related activities, etc (See instructions )	12					

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99.030 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.990 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

☒

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

☒

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

☒

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

☒

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

☒

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to 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,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 funtion 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures		43,199,574													
e Total exempt purpose expenditures (add lines 1c and 1d)		43,199,574													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-		0													
i Subtract line 1f from line 1c If zero or less, enter -0-		0													
j 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	2,500				2,500
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	2,500				2,500

**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)).**

		(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? If "Yes," describe in Part IV			
<b>j</b>	Total 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>1</b>		
<b>2</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>		
<b>3</b>	Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>		

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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) non-deductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<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**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to 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 . . . . .	8,875,232	8,696,055	6,794,059	9,076,201
b	Contributions . . . . .			403,790	
c	Investment earnings or losses . . . . .	-124,730	1,000,120	1,591,574	-2,151,864
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	344,939	797,109	76,044	107,903
f	Administrative expenses . . . . .	30,753	23,734	17,324	22,375
g	End of year balance . . . . .	8,374,810	8,875,332	8,696,055	6,794,059

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 97 000 %

b

Permanent endowment ▶ 3 000 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

Yes

No

(ii)

related organizations . . . . .

3a(ii)

No

b

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

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. 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 . . . . .		7,098,427	2,357,400	4,741,027
c Leasehold improvements . . . . .				
d Equipment . . . . .		1,292,064	1,202,783	89,281
e Other . . . . .		2,315,384	1,958,135	357,249
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				5,700,057



<b>Part XI    Reconciliation of Change in Net Assets from Form 990 to Financial Statements</b>				
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	44,204,729	
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	43,230,327	
<b>3</b>	Excess or (deficit) for the year   Subtract line 2 from line 1	<b>3</b>	974,402	
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	-268,838	
<b>5</b>	Donated services and use of facilities	<b>5</b>		
<b>6</b>	Investment expenses	<b>6</b>		
<b>7</b>	Prior period adjustments	<b>7</b>		
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	-3,358,718	
<b>9</b>	Total adjustments (net)   Add lines 4 - 8	<b>9</b>	-3,627,556	
<b>10</b>	Excess or (deficit) for the year per financial statements   Combine lines 3 and 9	<b>10</b>	-2,653,154	
<b>Part XII    Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>				
<b>1</b>	Total revenue, gains, and other support per audited financial statements   . . . . .	<b>1</b>	32,805,327	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<b>2e</b>		
<b>a</b>	Net unrealized gains on investments   . . . . .		<b>2a</b>	-268,838
<b>b</b>	Donated services and use of facilities   . . . . .		<b>2b</b>	
<b>c</b>	Recoveries of prior year grants   . . . . .		<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)   . . . . .		<b>2d</b>	-442,657
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-711,495	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	33,516,822	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>	<b>4c</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .		<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)   . . . . .		<b>4b</b>	10,687,907
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	10,687,907
<b>5</b>	Total Revenue   Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12 )   . . . . .	<b>5</b>	44,204,729	
<b>Part XIII    Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>				
<b>1</b>	Total expenses and losses per audited financial statements   . . . . .	<b>1</b>	35,458,481	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25	<b>2e</b>		
<b>a</b>	Donated services and use of facilities   . . . . .		<b>2a</b>	
<b>b</b>	Prior year adjustments   . . . . .		<b>2b</b>	
<b>c</b>	Other losses   . . . . .		<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)   . . . . .		<b>2d</b>	2,916,061
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,916,061	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	32,542,420	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :	<b>4c</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b   . . . . .		<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)   . . . . .		<b>4b</b>	10,687,907
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	10,687,907
<b>5</b>	Total expenses   Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18 )   . . . . .	<b>5</b>	43,230,327	

<b>Part XIV    Supplemental Information</b>
---

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UNITED WAY'S SPENDING POLICY IS TO UTILIZE 4% OF A THREE YEAR ROLLING AVERAGE OF THE QUASI-ENDOWMENT FUND. THE ORGANIZATION USES THESE FUNDS TO FUND CAPITAL NEEDS OF THE ORGANIZATION AS WELL AS CERTAIN OPERATING COSTS.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS TAX-EXEMPT, UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN REPORTED IN ITS COMBINED FINANCIAL STATEMENTS. IN ADDITION, NEITHER THE UNITED WAY OF GREATER CLEVELAND NOR THE CLEVELAND COMMUNITY FUND HAVE BEEN CLASSIFIED AS AN ORGANIZATION THAT IS A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 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 FINANCIAL STATEMENTS. AS OF DECEMBER 31, 2011 AND 2010, THE ORGANIZATION HAS IDENTIFIED NO UNCERTAIN INCOME TAX POSITIONS AND HAS INCURRED NO AMOUNTS FOR INCOME TAX PENALTIES AND INTEREST FOR THE YEARS THEN ENDED. THE ORGANIZATION FILES ITS FEDERAL FORM 990 IN THE U.S. FEDERAL JURISDICTION AND A STATE REGISTRATION IN THE OFFICE OF THE STATES ATTORNEY GENERAL FOR THE STATE OF OHIO. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR FISCAL YEARS BEFORE 2008.
PART XII, LINE 2D - OTHER ADJUSTMENTS		CCF REVENUES -218,358   CCF EXPENSES -224,500   MISCELLANEOUS ADJUSTMENT 201
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED GIFTS 10,687,907
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CCF PENSION ADJUSTMENTS - NET 2,915,661   MISCELLANEOUS ADJUSTMENT 400
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED GIFTS 10,687,907
		PART XI, LINE 8   UNITED WAY'S AUDIT IS CONSOLIDATED WITH THE CLEVELAND COMMUNITY FUND (CCF)(34-0714586), THE PRECURSOR ORGANIZATION OF UNITED WAY OF GREATER CLEVELAND WHICH FILES A SEPARATE IRS FORM 990. THE ADJUSTMENTS ARE AS FOLLOWS: CCF OPERATING EXPENSES \$64,636, CCF REVENUE \$218,358, CCF UNITED WAY SUPPORT \$224,500, AUDIT PENSION ADJUSTMENT FOR AUDIT PRESENTATION OF EXPENSES \$-156,695, A PENSION ADJUSTMENT TO NET ASSETS \$-2,695,130 AND A MISCELLANEOUS ADJUSTMENT OF \$601. THE TOTAL OF THE ADJUSTMENTS IS \$-3,358,718.



OMB No 1545-0047

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

34-6516654

**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. Form 990-EZ filers are not required to complete this table.

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF OUTING</u>	<u>ANNUAL MEETING</u>	<u>8</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	144,702	115,530	432,557	692,789	
	2	Less Charitable contributions . . . . .	107,989	51,819	222,536	382,344	
3	Gross income (line 1 minus line 2) . . . . .	36,713	63,711	210,021	310,445		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .	11,911	34,952	26,357	73,220	
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	24,802	28,759	183,664	237,225	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ►					( 310,445 )
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ►					0

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ <input type="checkbox"/> No</div>	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					( )
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate 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 operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF GREATER CLEVELAND

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . 

☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

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 . . . . . ▶

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
UNITED WAY OF GREATER CLEVELAND

Employer identification number  
  
34-6516654

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

**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, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------



Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered  
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,  
or Form 990-EZ, Part V lines 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER CLEVELAND

Employer identification number  
  
34-6516654

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CAROL E RIVCHUN BOARD MEMBER	BOARD MEMBER OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED	235,188	GRANT TO YOUTH OPPORTUNITIES UNLIMITED		No
(2) CAROL E RIVCHUN BOARD MEMBER	BOARD MEMBER OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED	58,677	TENANT IN UW BUILDING-RENT FROM YOUTH OPPORTUNITIES UNLIMITED		No
(3) CAROL E RIVCHUN BOARD MEMBER	BOARD MEMBER OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED	49,938	DONOR DESIGNATED PAYMENTS TO YOUTH OPPORTUNITIES UNLIMITED		No

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		MS RIVCHUN SERVES ON THE UNITED WAY BOARD IN THE CAPACITY OF REPRESENTING THE INTERESTS OF THE FUNDED AGENCIES THE FUNDING OF THE AGENCY AND TENANCY PREDATES MS RIVCHUN'S BOARD MEMBERSHIP

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	84	738,205	AVG OF HIGH/LOW
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	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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? . . . . .				Yes No
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?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

**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 to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
UNITED WAY OF GREATER CLEVELAND**Employer identification number**

34-6516654

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE IRS FORM 990 IS REVIEWED BY THE UNITED WAY EXECUTIVE COMMITTEE PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	UNITED WAY OF GREATER CLEVELAND HAS ALL EMPLOYEES AND ITS BOARD OF TRUSTEES COMPLETE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS IT IS REVIEWED BY THE BOARD AND STAFF TO ASSURE 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 THE PAST BOARD CHAIR, CURRENT BOARD CHAIR AND THE CHAIR OF THE OPERATIONS COMMITTEE 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 IRS FORM 990 AVAILABLE ON ITS WEBSITE (WWW.UNITEDWAYCLEVELAND.ORG) AFTER FILING 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
	FORM 990, PART XII, LINE 2C	NO CHANGES FROM PRIOR YEAR

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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 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 organization	
						Yes	No
(1) CLEVELAND COMMUNITY FUND  1331 EUCLID AVENUE  CLEVELAND, OH 44115 34-0714586	SUPPORT - UNITED WAY	OH	501(C)(3)	11			No
(2) UNITED WAY OF GEAUGA COUNTY  209 CENTER STREET  CHARDON, OH 44024 20-5575556	UW FOR GEAUGA COUNTY	OH	501(C)(3)	7			No

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

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

Yes

No

Yes

Yes

No

Yes

No

No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	B	75,506	ACTUAL
(2) CLEVELAND COMMUNITY FUND (34-0714586)	C	254,283	ACTUAL
(3) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	K		ALL ACTIVITY INCLUDES K, M, N + P
(4) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	R		ALL ACTIVITY
(5) YOUTH OPPORTUNITIES UNLIMITED	B	58,677	ACTUAL
(6)	D		

Schedule R (Form 990) 2011



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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Additional Data

Software ID:  
Software Version:  
EIN: 34-6516654  
Name: UNITED WAY OF GREATER CLEVELAND

Form 990, Special Condition Description:

Special Condition Description
-------------------------------

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services
(Code ) (Expenses \$ 26,034,462 including grants of \$ 22,205,481 ) (Revenue \$ 1,644,529 )
1 EXPENSES- \$2,627,630 INCLUDING GRANTS OF \$2,627,630 AND REVENUES OF \$0 UNITED WAY INVESTED \$2,627,630 IN WORKING TO IMPROVE THE BEHAVIORAL HEALTH OF THE COMMUNITY THE INVESTMENT WILL SERVE INDIVIDUALS OF ALL AGES WITH OR AT RISK OF MENTAL ILLNESS OR SUBSTANCE ABUSE, AS WELL AS THOSE WHO EXPERIENCE VIOLENCE AND ABUSE FUNDED PROGRAMS OFFER INTERVENTION AND SUPPORT TO VICTIMS OF ABUSE AND VIOLENCE AND EDUCATE AND SUPPORT THOSE DEALING WITH SUBSTANCE ABUSE FUNDING AREAS ARE DRUG PREVENTION EDUCATION FOR OUR YOUTH OUTPATIENT AND RESIDENTIAL TREATMENT FOR INDIVIDUALS WITH ALCOHOL OR CHEMICAL DEPENDENCY OUTPATIENT CARE, CASE MANAGEMENT AND PSYCHIATRIC DAY TREATMENT TO INDIVIDUALS WITH OR AT RISK FOR MENTAL ILLNESS EARLY PREVENTION MENTAL ILLNESS PROGRAMS FOR CHILDREN FROM BIRTH TO AGE 5 2 EXPENSES- \$1,568,102 INCLUDING GRANTS OF \$1,568,102 AND REVENUES OF \$0 UNITED WAY INVESTED \$1,568,102 TO HELP THE AGING AND SPECIAL NEEDS POPULATION OF OUR COMMUNITY MORE THAN 266,000 SENIORS LIVE IN OUR COMMUNITY AND HAVE A GREAT NEED FOR SERVICES VARYING FROM LIVING WITH A DISABILITY, DEALING WITH POVERTY OR ACCESSING COMMUNITY RESOURCES THE FUNDING AREAS ARE AS FOLLOWS SOCIALIZATION, SUPPORT SERVICES AND TRANSPORTATION FOR SENIORS SERVICES DESIGNED TO HELP LOW INCOME SENIORS AND/OR THOSE WITH DISABILITIES DISASTER RELIEF SERVICES SUPPORT FOR REFUGEES, IMMIGRANTS, AND FOR REPATRIATED PEOPLE TO HELP THEM ADJUST TO OUR COMMUNITY, SUCH AS ENGLISH CLASSES AND HELP ENTERING THE WORKFORCE 3 EXPENSES- \$1,728,143 INCLUDING GRANTS OF \$0 AND REVENUES OF \$772,738 PROVIDED INFORMATION AND REFERRAL SERVICES TO THE COMMUNITY ASSURING THAT THOSE INDIVIDUALS SEEKING SERVICES CAN MOST EFFICIENTLY AND EFFECTIVELY GAIN ACCESS TO THEM 4 EXPENSES- \$443,500 INCLUDING GRANTS OF \$0 AND REVENUES OF \$393,775 REGIONAL HEALTH AND HUMAN SERVICES WHICH INCLUDE PROMOTING COMMUNITY INVOLVEMENT, PRIORITIZATION IN SURROUNDING COMMUNITIES AND OPERATIONS IN THE REGIONAL NORTHEASTERN OHIO AREA (GEAUGA AND MEDINA) 5 EXPENSES- \$959,227 INCLUDING GRANTS OF \$0 AND REVENUES OF \$209,856 UNITED WAY PROVIDES A METHODOLOGY TO PRIORITIZE AND MONITOR COMMUNITY ISSUES TO ASSURE THAT THE DESIRED OUTCOMES ARE BEING ACHIEVED THIS INCLUDES RESEARCH 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 6 EXPENSES- \$255,693 INCLUDING GRANTS OF \$0 AND REVENUES OF \$252,725 UNITED WAY HAS HELPED TO CONVENE A PARTNERSHIP WHICH IS TEACHING YOUNG CHILDREN HOW TO BE GOOD CITIZENS AND 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 SERVICES SPECIFIC TO THEIR AGE DEMOGRAPHIC 7 EXPENSES- \$18,452,167 INCLUDING GRANTS OF \$18,009,749 AND REVENUES OF \$15,435 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 FUNDS THIS AREA DONORS ALSO HAVE THE DISCRETION TO DIRECT A PART OF THEIR DONATION AND, IN 2011, DONORS DIRECTED \$10.7 MILLION TO HEALTH AND HUMAN SERVICES AT OTHER NON-PROFIT AGENCIES WHICH MAY, OR MAY NOT BE UNITED WAY FUNDED PARTNERS UNITED WAY ALSO FUNDS THE CATHOLIC CHARITIES, JEWISH COMMUNITY FEDERATION AND UNITED BLACK FUND FOR A TOTAL OF \$4.0 MILLION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
MONTE AHUJA TRUSTEE	1 00	X						0	0	0
BRUCE H AKERS TRUSTEE	1 00	X						0	0	0
CYNTHIA H ANDREWS TRUSTEE	1 00	X						0	0	0
HARRIET APPLGATE TRUSTEE	2 00	X						0	0	0
RONALD M BERKMAN TRUSTEE	1 00	X						0	0	0
JOSEPH CALABRESE TRUSTEE	1 00	X						0	0	0
ANN E CAVANAUGH TRUSTEE	1 00	X						0	0	0
RICK CHIRICOSTA TRUSTEE	1 00	X						0	0	0
JOSEPH M CIMPERMAN TRUSTEE	1 00	X						0	0	0
TODD F CLOSSIN TRUSTEE	1 00	X						0	0	0
CHRISTOPHER M CONNOR TRUSTEE	2 00	X						0	0	0
ROBIN C COTTINGHAM TRUSTEE	2 00	X						0	0	0
JEANNE HALLADAY COUGHLIN TRUSTEE	1 00	X						0	0	0
DONALD JOSEPH DAILEY TRUSTEE	1 00	X						0	0	0
STEVEN DAVIS MD TRUSTEE	1 00	X						0	0	0
CRAIG A DONNAN TRUSTEE	1 00	X						0	0	0
DAVID J HOOKER TRUSTEE	2 00	X						0	0	0
A J HYLAND TRUSTEE	1 00	X						0	0	0
HON FRANK G JACKSON TRUSTEE	1 00	X						0	0	0
KATHRYN P JENSEN TRUSTEE	1 00	X						0	0	0
ELLIOTT A KELLMAN TRUSTEE	1 00	X						0	0	0
THOMAS S KILBANE ESQ TRUSTEE	1 00	X						0	0	0
ROBERT J KING JR TRUSTEE	1 00	X						0	0	0
EVAN KOPPEL TRUSTEE	1 00	X						0	0	0
KEITH J LIBMAN TRUSTEE	2 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
DWAYNE MEEKS TRUSTEE	1 00	X						0	0	0
SARAH K MELAMED TRUSTEE	1 00	X						0	0	0
W SCOTT MERK TRUSTEE	1 00	X						0	0	0
STEVE MILLARD TRUSTEE	1 00	X						0	0	0
JAMES B NIEHAUS TRUSTEE	1 00	X						0	0	0
ROBERT E PAPONETTI TRUSTEE	2 00	X						0	0	0
DAVID L PUGH TRUSTEE	1 00	X						0	0	0
CHARLES A RATNER TRUSTEE	2 00	X						0	0	0
DEBORAH Z READ TRUSTEE	2 00	X						0	0	0
ROBERT S REITMAN TRUSTEE	1 00	X						0	0	0
CAROL E RIVCHUN TRUSTEE	2 00	X						0	0	0
JOHN M SAADA JR TRUSTEE	1 00	X						0	0	0
BROOKE SPECTORSKY TRUSTEE	1 00	X						0	0	0
ELEANOR B STEIGMAN TRUSTEE	2 00	X						0	0	0
SALLY STEWART TRUSTEE	1 00	X						0	0	0
JERRY SUE THORNTON PHD TRUSTEE	1 00	X						0	0	0
KURT C TREU TRUSTEE	1 00	X						0	0	0
ELIZA WING TRUSTEE	1 00	X						0	0	0
SCOTT A WOLSTEIN TRUSTEE	1 00	X						0	0	0
CARMEN E EDGEHOUSE TRUSTEE	1 00	X						0	0	0
JOSEPH L CARBALLADA TRUSTEE	1 00	X						0	0	0
STEVEN A EISENBROWN TRUSTEE	1 00	X						0	0	0
DAVID J ENZERRA TRUSTEE	1 00	X						0	0	0
HEATHER ROULSTON ETTINGER TRUSTEE	1 00	X						0	0	0
RHONDA S FERGUSON TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
ROBERT W GILLESPIE JR TRUSTEE	2 00	X						0	0	0
MICHAEL W GOIN TRUSTEE	1 00	X						0	0	0
DAVID S GOODMAN TRUSTEE	1 00	X						0	0	0
HOWARD W HABBA IV TRUSTEE	1 00	X						0	0	0
MIKE HOLMGREN TRUSTEE	1 00	X						0	0	0
RANDALL J KORACH TRUSTEE	1 00	X						0	0	0
PATRICIA D KENNEDY-SCOTT TRUSTEE	1 00	X						0	0	0
JOE LOPEZ TRUSTEE	1 00	X						0	0	0
GENA C LOVETT TRUSTEE	1 00	X						0	0	0
STANLEY R MILLER TRUSTEE	1 00	X						0	0	0
KATHERINE M MLAKAR TRUSTEE	1 00	X						0	0	0
BETH E MOONEY TRUSTEE	1 00	X						0	0	0
MARK J MORAN TRUSTEE	1 00	X						0	0	0
PATRICK S MULLIN TRUSTEE	1 00	X						0	0	0
DENISE POLVERINE TRUSTEE	1 00	X						0	0	0
SHELLY J SEIFERT TRUSTEE	1 00	X						0	0	0
BAIJU R SHAH TRUSTEE	1 00	X						0	0	0
TRENT A SMITH TRUSTEE	1 00	X						0	0	0
BARBARA R SNYDER TRUSTEE	1 00	X						0	0	0
MARYROSE SYLVESTER TRUSTEE	1 00	X						0	0	0
NINA L TURNER TRUSTEE	1 00	X						0	0	0
DANIEL P WALSH TRUSTEE	1 00	X						0	0	0
THOMAS WADLER CHAIR PLANNED GIVING	2 00			X				0	0	0
K MICHAEL BENZ PRESIDENT & CEO	40 00			X				293,815	0	112,242
STEVEN R BORSTEIN CHAIR COMMUNITY INVEST	2 00			X				0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
MARC S BYRNES CHAIR DONOR RELATIONS	2 00			X				0	0	0
DENNIS M CHACK CHAIR MARKETING COMMITTEE	2 00			X				0	0	0
PAUL CLARK CHAIR BOARD DEVELOPMENT	2 00			X				0	0	0
JERRY L KELSHEIMER CAMPAIGN CO-CHAIR	4 00			X				0	0	0
RICHARD P STOVSKY CHAIR ADMINISTRATION COMM	4 00			X				0	0	0
ZEV WEISS 2011 CAMPAIGN CO CHAIR	4 00			X				0	0	0
DAVID W WHITEHEAD CHR STRATEGIC PLANNING	2 00			X				0	0	0
MICHAEL E HEADEN CFO	40 00			X				112,683	0	25,753
JUDITH G SIMPSON VP COMMUNITY INVEST	40 00			X				113,158	0	19,682
KATHLEEN G VOROBEL VP RESOURCE DEV	40 00			X				132,935	0	20,463
TERRANCE CZ EGGER CHAIR OF THE BOARD	4 00			X				0	0	0
ROBERT C SMITH CHAIR HUMAN RESOURCES	4 00			X				0	0	0
MARY T SEDLACEK DIRECTOR OPERATIONS	40 00			X				100,095	0	21,281

Software ID:  
Software Version:  
EIN: 34-6516654  
Name: UNITED WAY OF GREATER CLEVELAND

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADULT GUARDIANSHIP SERVICES1468 W 25TH STREET 300 CLEVELAND, OH 44113	34-1043756		273,343	0			PROGRAM GRANTS
AID TO AFRICA 6909 RIDGEWOOD AVENUE CHEVY CHASE, MD 20815	06-1703295		6,260	0			FEDERAL CPN DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 TASKFORCE OF GREATER CLEVELAND3210 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612		127,828	0			PROGRAM GRANTS
AIDS TASKFORCE OF GREATER CLEVELAND3210 EUCLID AVENUE CLEVELAND, OH 44115	34-1433612		40,362	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK350 OPPORTUNITY PARKWAY AKRON,OH 44307	34- 1369388		15,444	0			FEDERAL CPN DESIGNATIONS
ALTA HOUSE12510 MAYFIELD ROAD CLEVELAND,OH 44106	34- 0714620		30,792	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ALTA HOUSE12510 MAYFIELD ROAD CLEVELAND,OH 44106	34-0714620		7,250	0			DESIGNATIONS
ALZHEIMER'S ASSOCIATION CLEVELAND AREA CHAPTER23215 COMMERCE PARK DRIVE 300 BEACHWOOD,OH 44122	13-3039601		31,764	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN CANCER SOCIETY 11432 MAYFIELD ROAD CLEVELAND, OH 44106	34-0726080		189,149	0			DESIGNATIONS
AMERICAN CANCER SOCIETY 11432 MAYFIELD ROAD CLEVELAND, OH 44106	34-0726080		97,796	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN HEART ASSOCIATION1689 E 115TH STREET CLEVELAND, OH 44106	13-5613797		66,136	0			DESIGNATIONS
AMERICAN HEART ASSOCIATION2936 VERNON PLACE CINCINNATI, OH 45219	13-5613797		84,256	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN RED CROSS P O BOX 73857 CHICAGO,IL 60673	53-0196605		99,000	0			PROGRAM GRANTS
AMERICAN RED CROSS 3747 EUCLID AVENUE CLEVELAND,OH 44115	34-0714622		32,222	0			FEDERAL CPN DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS-GREATER CLEVELAND CHAPTER3747 EUCLID AVENUE CLEVELAND, OH 44115	34-0714622		552,182	0			PROGRAM GRANTS
AMERICAN SICKLE CELL ANEMIA ASSN10300 CARNEGIE AVENUE CLEVELAND, OH 44106	23-7178345		58,147	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
AMERICAN SICKLE CELL ANEMIA ASSOCIATION 10300 CARNEGIE AVENUE CLEVELAND, OH 44106	23-7178345		18,119	0			DESIGNATIONS
AMERICA'S CHARITIESP O BOX 79570 BALTIMORE, MD 212795070	54-1517707		38,128	0			FEDERAL CPN DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ANIMAL CHARITIES OF AMERICAP O BOX 45754 SAN FRANCISCO, CA 94145	94-3193389		88,083	0			FEDERAL CPN DESIGNATIONS
ANIMAL PROTECTIVE LEAGUE1729 WILLEY AVENUE CLEVELAND,OH 44113	34-0714644		12,896	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
APPLEWOOD CENTERS INC 2525 E 22ND STREET CLEVELAND, OH 44115	34-0714571		192,641	0			PROGRAM GRANTS
APPLEWOOD CENTERS INC 2525 E 22ND STREET CLEVELAND, OH 44115	34-0714571		31,536	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARC OF GREATER CLEVELAND1331 EUCLID AVENUE CLEVELAND, OH 44115	34-0924983		41,080	0			PROGRAM GRANTS
ARC OF GREATER CLEVELAND1331 EUCLID AVENUE CLEVELAND, OH 44115	34-0924983		13,546	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARTHRITIS FOUNDATION NORTHEASTERN OHIO CHAPTER 4630 RICHMOND ROAD 240 CLEVELAND, OH 44128	34-6544884		50,452	0			DESIGNATIONS
ARTHRITIS FOUNDATION NORTHEASTERN OHIO CHAPTER GEAUGA4630 RICHMOND ROAD 240 CLEVELAND, OH 44128	34-6544884		20,798	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ASIAN SERVICES IN ACTION INC 730 CAROLL STREET AKRON, OH 44304	34-1798850		86,089	0			PROGRAM GRANTS
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597		70,091	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		353,338	0			PROGRAM GRANTS
BELLEFAIRE JEWISH CHILDREN'S BUREAU22001 FAIRMOUNT BOULEVARD SHAKER HEIGHTS, OH 44118	34-0714630		17,726	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BELLFLOWER CENTER FOR PREVENTION OF CHILD ABUSE 11811 SHAKER BOULEVARD 220 CLEVELAND, OH 44120	34-1304237		15,008	0			DESIGNATIONS
BELLFLOWER CENTER FOR PREVENTION OF CHILD ABUSE 11811 SHAKER BOULEVARD 220 CLEVELAND, OH 44120	34-1304237		48,776	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BIG BROTHERS BIG SISTERS1421 EUCLID AVENUE 552 CLEVELAND, OH 44115	34- 1039700		20,546	0			DESIGNATIONS
BIG BROTHERS BIG SISTERS OF GREATER CLEVELAND1422 EUCLID AVENUE 552 CLEVELAND, OH 44115	34- 1039700		38,456	0			DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BLUECOATS INC 925 EUCLID AVENUE 2000 CLEVELAND, OH 44115	34- 6521108		5,141	0			DESIGNATIONS
BOY SCOUTS OF AMERICA- GREATER CLEVELAND COUNCIL2241 WOODLAND AVENUE CLEVELAND, OH 44115	34- 0714322		186,607	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA- GREATER CLEVELAND COUNCIL2241 WOODLAND AVENUE CLEVELAND,OH 44115	34-0714322		174,012	0			DESIGNATIONS
BOY SCOUTS OF AMERICA- GREATER WESTERN RESERVE COUNCIL4930 ENTERPRISE DRIVE WARREN,OH 44481	34-1740075		15,000	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA- GREATER WESTERN RESERVE COUNCIL4930 ENTERPRISE DRIVE WARREN,OH 44481	34-1740075		22,076	0			DESIGNATIONS
BOYS & GIRLS CLUBS OF CLEVELAND6114 BROADWAY AVENUE CLEVELAND,OH 44127	34-0770686		239,582	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BOYS & GIRLS CLUBS OF CLEVELAND6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686		103,965	0			DESIGNATIONS
BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO9619 GARFIELD BOULEVARD GARFIELD HEIGHTS, OH 44125	34-1534921		15,241	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRIDGEWAY8301 DETROIT AVENUE CLEVELAND, OH 44102	34- 1113450		42,465	0			PROGRAM GRANTS
BUSINESS VOLUNTEERS UNLIMITED1300 E 9TH STREET 1805 CLEVELAND, OH 44114	34- 1724581		50,840	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BUSINESS VOLUNTEERS UNLIMITED1300 E 9TH STREET 1805 CLEVELAND, OH 44114	34-1724581		78,695	0			PROGRAM GRANTS
CAMP SUE OSBORN PO BOX 2070 PAINESVILLE, OH 44077	34-1222384		7,839	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAMP SUE OSBORN PO BOX 2070 PAINESVILLE, OH 44077	34-1222384		12,300	0			PROGRAM GRANTS
CANCERCURE OF AMERICA PO BOX 45501 SAN FRANCISCO, CA 941450501	81-0648432		57,308	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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		12,780	0			DESIGNATIONS
CARE ALLIANCE 1530 SAINT CLAIR AVENUE CLEVELAND, OH 44114	34-1748776		176,084	0			PROGRAM GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES SERVICES CORP 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		530,308	0			DESIGNATIONS
CATHOLIC CHARITIES SERVICES CORP 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		1,453,302	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY 10771 MAYFIELD ROAD CHARDON, OH 44024	34-1318541		55,998	0			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY 10771 MAYFIELD ROAD CHARDON, OH 44024	34-1318541		10,507	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES USA66 CANAL CENTER PLAZA ALEXANDRIA, VA 22314	53-0196620		5,819	0			FEDERAL CPN DESIGNATIONS
CENTER FOR COMMUNITY SOLUTIONSPO BOX 92382 CLEVELAND, OH 44193	34-0714723		72,490	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CENTER FOR FAMILIES AND CHILDREN4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		1,499,385	0			PROGRAM GRANTS
CENTER FOR FAMILIES AND CHILDREN4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		46,723	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHAGRIN FALLS PARK COMMUNITY CENTER7060 WOODLAND AVENUE CHAGRIN FALLS, OH 44022	34-6556661		17,177	0			DESIGNATIONS
CHAGRIN FALLS PARK COMMUNITY CENTER7060 WOODLAND AVENUE CHAGRIN FALLS, OH 44022	34-6556661		75,502	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHARDON COMMUNITY DAY CARE CENTER 12797 MAYFIELD ROAD CHARDON, OH 44024	34-1059195		51,500	0			PROGRAM GRANTS
CHILDREN FIRST-AMERICA'S CHARITIESP O BOX 79570 BALTIMORE, MD 212790570	30-0186795		20,672	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDRENS CHARITIES OF AMERP O BOX 45754 SAN FRANCISCO, CA 94145	94-3148588		44,278	0			FEDERAL CPN DESIGNATIONS
CHILDREN'S MEDICAL CHARITIES OF AMERICAP O BOX 45754 SAN FRANCISCO, CA 941450310	27-0093393		14,187	0			FEDERAL CPN DESIGNATIONS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRIST CHILD SOCIETY OF CLEVELAND6753 STATE ROAD PARMA,OH 44134	34-0821251		8,250	0			DESIGNATIONS
CHRISTIAN CHARITIES USAP O BOX 45758 SAN FRANCISCO, CA 94145	94-3255961		44,958	0			FEDERAL CPN DESIGNATIONS



**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN SERVICE CHARITIES8001 BRADDOCK RD SPRINGFIELD,IL 22151	94-3193374		71,733	0			FEDERAL CPN DESIGNATIONS
CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND,OH 44103	34-0760586		25,670	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	34-0760587		39,066	0			DESIGNATIONS
CITY YEAR CLEVELAND526 SUPERIOR AVENUE 408 CLEVELAND, OH 44114	22-2882549		11,881	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CITY YEAR CLEVELAND526 SUPERIOR AVENUE 408 CLEVELAND, OH 44114	22-2882549		69,377	0			PROGRAM GRANTS
CLEVELAND CHRISTIAN HOME FOR CHILDREN 2202 PRAME AVENUE CLEVELAND, OH 44109	34-0733131		22,661	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CHRISTIAN HOME FOR CHILDREN 2202 PRAME AVENUE CLEVELAND,OH 44109	34-0733131		7,563	0			DESIGNATIONS
CLEVELAND CLINIC9500 EUCLID AVENUE CLEVELAND,OH 44195	91-2153073		16,161	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION 2801 MARTIN LUTHER KING JR DRIVE CLEVELAND, OH 44104	34- 0714570		83,571	0			PROGRAM GRANTS
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION 2801 MARTIN LUTHER KING JR DRIVE CLEVELAND, OH 44104	34- 0714570		43,390	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND,OH 44195	91-2153073		18,415	0			DESIGNATIONS
CLEVELAND FOODBANK15500 S WATERLOO ROAD CLEVELAND,OH 44110	34-1292848		16,144	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 FOODBANK15501 SOUTH WATERLOO ROAD CLEVELAND, OH 44111	34- 1292848		68,665	0			FEDERAL CPN DESIGNATIONS
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34- 0714648		63,050	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648		175,093	0			PROGRAM GRANTS
CLEVELAND HOUSING NETWORK 2999 PAYNE AVENUE 306 CLEVELAND, OH 44114	34-1346763		84,014	0			PROGRAM GRANTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339		22,503	0			DESIGNATIONS
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339		20,975	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 RAPE CRISIS CENTER 526 SUPERIOR AVENUE 1400 CLEVELAND, OH 44114	51-0164315		75,276	0			DESIGNATIONS
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVENUE 1400 CLEVELAND, OH 44114	51-0164315		101,380	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 READS 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654		5,323	0			DESIGNATIONS
CLEVELAND SCHOLARSHIP PROGRAMS200 PUBLIC SQUARE 3820 CLEVELAND, OH 44114	34-6580096		12,480	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		90,354	0			PROGRAM GRANTS
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		113,733	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND TENANTS ORGANIZATION 3631 PERKINS AVENUE 3A-4 CLEVELAND, OH 44114	34-1166896		40,911	0			PROGRAM GRANTS
CLEVELAND UMADAOP1215 EAST 79TH STREET CLEVELAND, OH 44103	34-1517684		37,880	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COMMUNITY HEALTH CHARITIESPO BOX 75153 BALTIMORE, MD 212755153	13-6167225		242,867	0			FEDERAL CPN DESIGNATIONS
COMMUNITY HOUSING SOLUTIONS12114 LARCHMERE BOULEVARD CLEVELAND, OH 44120	23-7299143		450,554	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY RE-ENTRY PROGRAM 1468 W 25TH STREET CLEVELAND, OH 44113	34-1417120		153,974	0			PROGRAM GRANTS
COMMUNITY WEST FOUNDATION 20545 CENTER RIDGE ROAD 448 ROCKY RIVER, OH 44116	34-1456398		5,135	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CONSERVATION & PRESERVATION CHARITIES OF AMERICA P O BOX 45759 SAN FRANCISCO, CA 94145	94-3217738		13,171	0			FEDERAL CPN DESIGNATIONS
CONSUMER PROTECTION ASSOCIATION 3030 EUCLID AVENUE 105 CLEVELAND, OH 44115	34-1025870		7,527	0			PROGRAM GRANTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CYSTIC FIBROSIS FOUNDATION-RAINBOW CHAPTER 4635 RICHMOND ROAD 103 WARRENSVILLE HEIGHTS, OH 44128	13-1930701		8,532	0			PROGRAM GRANTS
CYSTIC FIBROSIS FOUNDATION-RAINBOW CHAPTER 4635 RICHMOND ROAD 103 WARRENSVILLE HEIGHTS, OH 44128	13-1930701		32,938	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DDC (DAS DEUTCH) CLINIC FOR SPECIAL NEEDS CHILDRENPO BOX 845 MIDDLEFIELD,OH 44062	34-1914344		19,128	0			PROGRAM GRANTS
DIABETES ASSOCIATION OF GREATER CLEVELAND3601 S GREEN ROAD 100 CLEVELAND,OH 44122	34-0762558		73,329	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DIABETES ASSOCIATION OF GREATER CLEVELAND3601 S GREEN ROAD 100 CLEVELAND,OH 44122	34-0762558		115,751	0			PROGRAM GRANTS
DO UNTO OTHERS-AMERICAN EMERGENCY P O BOX 45754 SAN FRANCISCO, CA 94145	94-3148590		14,781	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DOMESTIC VIOLENCE CENTERPO BOX 5466 CLEVELAND, OH 44101	34-1278377		235,466	0			PROGRAM GRANTS
DOMESTIC VIOLENCE CENTERPO BOX 5466 CLEVELAND, OH 44101	34-1278377		110,678	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DRESS FOR SUCCESS2239 E 55TH STREET CLEVELAND,OH 44103	34-1872331		9,134	0			DESIGNATIONS
EARLY CHILDHOOD ENRICHMENT CENTER19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1149833		35,242	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EARLY CHILDHOOD ENRICHMENT CENTER19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1149833		14,229	0			DESIGNATIONS
EARTH SHARE OF OHIO3528 N HIGH ST SUITE E COLUMBUS, OH 432144090	52-1601960		10,178	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EARTHSHARE CAMPAIGN DEPT 4011 WASHINGTON,DC 200424011	52- 1601960		26,308	0			FEDERAL CPN DESIGNATIONS
EAST CLEVELAND NEIGHBORHOOD CENTER INC2490 LEE BOULEVARD 222 CLEVELAND,OH 44118	34- 1541345		67,602	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST END NEIGHBORHOOD HOUSE2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		98,026	0			PROGRAM GRANTS
EASTER SEALS NORTHERN OHIO INC-BROADVIEW HEIGHTS1929A E ROYALTON ROAD BROADVIEW HEIGHTS, OH 44147	31-4380051		21,216	0			DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EMPOWERMENT CENTER OF GREATER CLEVELAND3030 EUCLID AVENUE SUITE 100 CLEVELAND, OH 44115	23-7124503		7,088	0			PROGRAM GRANTS
ENTERPRISE COMMUNITY PARTNERS INC3500 LORAIN AVENUE 300 CLEVELAND, OH 44113	52-1231931		95,250	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EPILEPSY ASSOCIATION2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		31,683	0			DESIGNATIONS
EPILEPSY ASSOCIATION2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		84,412	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EPISCOPAL COMMUNITY SERVICES FOUNDATION2230 EUCLID AVENUE CLEVELAND, OH 44115	34-1669402		10,638	0			DESIGNATIONS
ESPERANZA INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		56,750	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ESPERANZA INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		11,212	0			DESIGNATIONS
FAIRHILL CENTER FOR AGING12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-1549927		68,018	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMICOS FOUNDATION1325 ANSEL ROAD CLEVELAND,OH 44106	34-1053534		5,201	0			DESIGNATIONS
FAMILY TRANSITIONAL HOUSING INC1251 ANSEL ROAD CLEVELAND,OH 44108	34-1585398		36,283	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	34-1138269		170,049	0			PROGRAM GRANTS
FIELDSTONE FARMPO BOX 23129 CHAGRIN FALLS, OH 44023	34-1310435		15,712	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FIRST TEE OF CLEVELAND3841 WASHINGTON PARK BLVD NEWBURGH HTS, OH 44105	34-1915692		15,627	0			DESIGNATIONS
FREE MEDICAL CLINIC OF GREATER CLEVELAND12201 EUCLID AVENUE CLEVELAND, OH 44106	23-7078501		190,139	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FREE MEDICAL CLINIC OF GREATER CLEVELAND12201 EUCLID AVENUE CLEVELAND,OH 44106	23-7078501		27,665	0			DESIGNATIONS
FRIENDLY INN SETTLEMENT INC 2386 UNWIN ROAD CLEVELAND,OH 44104	34-0714413		13,013	0			DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FRIENDLY INN SETTLEMENT INC 2386 UNWIN ROAD CLEVELAND, OH 44104	34-0714413		26,961	0			PROGRAM GRANTS
GIRL SCOUTS OF LAKE ERIE COUNCIL - CLEVELAND 19201 VILLAVIEW ROAD CLEVELAND, OH 44119	34-0714415		37,819	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF LAKE ERIE COUNCIL - GEAUGAONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0714415		10,000	0			PROGRAM GRANTS
GLOBAL IMPACTPO BOX 409616 ATLANTA, GA 303849616	52-1273585		48,180	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GOLDEN AGE CENTERS OF GREATER CLEVELAND INC 12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-0796438		190,074	0			PROGRAM GRANTS
GOLDEN AGE CENTERS OF GREATER CLEVELAND INC 12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-0796438		22,483	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOODRICH-GANNETT NEIGHBORHOOD CENTER1368 E 55TH STREET CLEVELAND, OH 44103	34-1154199		37,113	0			PROGRAM GRANTS
GOODWILL INDUSTRIES OF GREATER CLEVELAND AND EAST CENTRAL OHIO INC2295 E 55TH STREET CLEVELAND, OH 44103	34-0714422		5,116	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GREATER CLEVELAND COMMUNITY SHARES3631 PERKINS AVENUE 3RD FLOOR CLEVELAND, OH 44114	34-1493880		17,177	0			DESIGNATIONS
GR CLEVELAND COMMUNITY SHARES3631 PERKINS AVE 3RD FLOOR CLEVELAND, OH 44114	34-1493880		38,232	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GREATER CLEVELAND VOLUNTEERS (FKA RSVP)4614 PROSPECT AVENUE 205 CLEVELAND,OH 44103	34-1356768		90,642	0			PROGRAM GRANTS
HANDS ON NORTHEAST OHIO 4614 PROSPECT AVE CLEVELAND,OH 44103	14-1993984		12,498	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HANNA PERKINS SCHOOL19910 MALVERN ROAD CLEVELAND, OH 44122	34-1269765		13,874	0			DESIGNATIONS
HANNA PERKINS SCHOOL19910 MALVERN ROAD CLEVELAND, OH 44122	34-1269765		34,324	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARD HATTED WOMEN4220 PROSPECT AVENUE CLEVELAND, OH 44103	34-1442773		51,711	0			PROGRAM GRANTS
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE SE CLEVELAND, OH 44128	23-7098744		60,404	0			PROGRAM GRANTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HE BROUGHT US OUT MINISTRY 526 B GIWARD /ST AKRON, OH 44310	34-1950491		6,422	0			FEDERAL CPN DESIGNATIONS
HEALTH FIRST-AMERICA'S CHARITIESPO BOX 79570 BALTIMORE, MD 212790570	30-0186796		25,112	0			FEDERAL CPN DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HELP FOUNDATION INC 3622 PROSPECT AVENUE E CLEVELAND, OH 44115	34-1617051		5,416	0			DESIGNATIONS
HIRAM HOUSE CAMP33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	34-0714352		12,658	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HIRAM HOUSE CAMP33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	34- 0714352		61,285	0			PROGRAM GRANTS
HITCHCOCK CENTER FOR WOMEN1227 ANSEL ROAD CLEVELAND,OH 44108	34- 1264097		18,678	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HITCHCOCK CENTER FOR WOMEN1227 ANSEL ROAD CLEVELAND, OH 44108	34-1264097		171,237	0			PROGRAM GRANTS
HLTH & MEDICAL RESEARCHPO BOX 45763 SAN FRANCISCO, CA 94145	94-3217739		73,789	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOLY FAMILY HOME6707 STATE ROAD PARMA, OH 44134	34-1040692		12,238	0			FEDERAL CPN DESIGNATIONS
HOME REPAIR RESOURCE CENTER2520 NOBLE RD CLEVELAND HEIGHTS, OH 44121	23-7131204		5,371	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOPE LODGE11432 MAYFIELD ROAD CLEVELAND, OH 44106	34- 0726080		5,000	0			DESIGNATIONS
HOPEWELL INNPO BOX 193 MESOPOTAMIA, OH 44439	34- 1739967		8,800	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HOSPICE OF THE WESTERN RESERVE INC300 E 185TH ST CLEVELAND, OH 44119	34-1256377		297,526	0			DESIGNATIONS
HOSPICE OF THE WESTERN RESERVE INC300 E 185TH ST CANTON, OH 44119	34-1256377		119,892	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HUMAN & CIVIL RIGHTS ORGS OF AMERICA10 CHESTNUT ST SALEM,MA 01970	94-3193388		7,904	0			FEDERAL CPN DESIGNATIONS
HUMAN CARE CHARITIES OF AMERICAPO BOX 45765 SAN FRANCISCO, CA 94125	94-3067804		11,893	0			FEDERAL CPN DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUMAN SVC CHARITIES OF AMERICAPO BOX 79770 BALTIMORE, MD 212790570	94-3240353		12,429	0			FEDERAL CPN DESIGNATIONS
HUNGER NETWORK OF GREATER CLEVEALND614 W SUPERIOR 744 CLEVELAND, OH 44113	34-1810545		12,595	0			FEDERAL CPN DESITNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INTERFAITH HOSPITALITY NETWORK3445 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44122	31-1563819		11,984	0			DESIGNATIONS
INTERFAITH HOSPITALITY NETWORK3445 WARRENSVILLE CENTER RD SHAKER HEIGHTS, OH 44122	31-1563819		71,925	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INTERNATIONAL SERVICES CENTER 1859 PROSPECT AVE CLEVELAND, OH 44115	34-0766157		65,595	0			PROGRAM GRANTS
JEWISH COMMUNITY CENTER 26001 S WOODLAND RD BEACHWOOD, OH 44122	34-0714439		6,282	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JEWISH COMMUNITY FEDERATION OF CLEVELAND1750 EUCLID AVE CLEVELAND, OH 44115	34-0714445		1,958,017	0			PROGRAM GRANTS
JEWISH COMMUNITY FEDERATION OF CLEVELAND1750 EUCLID AVE CLEVELAND, OH 44115	34-0714445		81,660	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND3659 S GREEN RD 322 BEACHWOOD, OH 44122	34-0714441		17,309	0			DESIGNATIONS
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND1422 EUCLID AVENUE 525 CLEVELAND, OH 44115	13-1635270		33,738	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JUVENILE DIABETES RESEARCH FOUNDATION - NEOH6100 ROCKSIDE WOODS BLVD INDEPENDENCE,OH 44131	23-1907729		22,817	0			DESIGNATIONS
KARAMU HOUSE INC 2355 E 89TH ST CLEVELAND,OH 44106	34-0714448		27,506	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KARAMU HOUSE INC 2355 E 89TH ST CLEVELAND, OH 44106	34-0714448		120,808	0			PROGRAM GRANTS
KATHRYN R TYLER NEIGHBORHOOD CENTER INC 900 E 105TH ST CLEVELAND, OH 44108	23-7158459		6,189	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
KIDNEY FOUNDATION OF OHIO2831 PROSPECT AVENUE CLEVELAND,OH 44115	34-0827747		35,843	0			DESIGNATIONS
KIDNEY FOUNDATION OF OHIO INC2831 PROSPECT AVENUE CLEVELAND,OH 44115	34-0827748		93,652	0			PROGRAM GRANTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LAKE-GEAUGA RECOVERY CENTERS INC200 CENTER ST UNIT B CHARDON, OH 44024	34-1119240		51,752	0			PROGRAM GRANTS
LAKEWOOD COMMUNITY SERVICE CENTER 14230 MADISON AVE LAKEWOOD, OH 44107	34-1446497		18,888	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LAKEWOOD HOSPITAL FOUNDATION 14519 DETROIT AVE LAKEWOOD, OH 44107	34-1542312		5,114	0			DESIGNATIONS
LEAP (LINKING EMPLOYMENT ABILITIES & POTENTIAL)1468 W 25TH STREET CLEVELAND, OH 44113	34-1369608		155,077	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEAP (LINKING EMPLOYMENT ABILITIES & POTENTIAL)1468 W 25TH STREET CLEVELAND, OH 44113	34-1369608		5,761	0			DESIGNATIONS
LEGAL AID SOCIETY OF CLEVELAND1223 W 6TH ST CLEVELAND, OH 44113	34-0866026		179,460	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEGAL AID SOCIETY OF CLEVELAND1223 W 6TH ST CLEVELAND, OH 44113	34-0866026		44,735	0			DESIGNATIONS
LEXINGTON-BELL COMMUNITY CENTER7724 LEXINGTON AVE CLEVELAND, OH 44103	34-1117206		84,979	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LONG TERM CARE OMBUDSMAN2800 EUCLID AVE 200 CLEVELAND, OH 44115	34-1296824		16,686	0			PROGRAM GRANTS
LUTHERAN METROPOLITIAN MINISTRY1468 W 25TH STREET CLEVELAND, OH 44113	34-1043756		35,470	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAGNOLIA CLUB HOUSE11101 MAGNOLIA AVE CLEVELAND, OH 44106	52-2441206		32,164	0			DESIGNATIONS
MAGNOLIA CLUB HOUSE11101 MAGNOLIA AVE CLEVELAND, OH 44106	52-2441206		246,197	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAKE A WISH FOUNDATION2545 FARMERS DR STE 300 COLUMBUS,OH 43235	34-1471131		10,906	0			FEDERAL CPN DESIGNATIONS
MAKE A WISH OF GREATER OHIO KENTUCKY & INDIANA1422 EUCLID AVE 239 CLEVELAND,OH 44115	34-1471131		11,406	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MALACHI HOUSE INC2810 CLINTON AVE CLEVELAND, OH 44113	34-0714815		7,418	0			DESIGNATIONS
MARYMOUNT HOSPITAL12300 MCCracken RD GARFIELD HEIGHTS, OH 44125	34-0714458		9,617	0			DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MCGREGOR PACE 2373 EUCLID HEIGHTS BLVD CLEVELAND HEIGHTS, OH 44106	31- 1495382		36,914	0			PROGRAM GRANTS
MEDICAL RESEARCH CHAR PO BOX 79703 BALTIMORE, MD 21279	94- 3148591		24,641	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MENTAL HEALTH SERVICES1736 SUPERIOR AVE CLEVELAND, OH 44114	34-1607734		22,701	0			DESIGNATIONS
MENTAL HEALTH SERVICES FOR HOMELESS1736 SUPERIOR AVE CLEVELAND, OH 44114	34-1607734		229,508	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MERRICK HOUSE 1050 STARKWEATHER AVE CLEVELAND, OH 44113	34-0714463		208,167				PROGRAM GRANTS
MERRICK HOUSE 1050 STARKWEATHER AVE CLEVELAND, OH 44113	34-0714463		13,056	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
METRO CATHOLIC MULTIFACTORED 3555 W 54TH ST CLEVELAND, OH 44102	53-0196617		5,000	0			DESIGNATIONS
METROHEALTH FOUNDATION INC 2500 METROHEALTH DR CLEVELAND, OH 44109	34-6607695		18,179	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MILE HIGH UNITED WAY2505 18TH ST DENVER, CO 80211	84-0404235		7,421	0			DESIGNATIONS
MILITARY VETERANS & PATRIOTICPO BOX 45766 SAN FRANCISCO, CA 94145	94-3193418		118,673	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MURTIS H TAYLOR MULTI-SERVICE CENTER13422 KINSMAN RD CLEVELAND, OH 44120	23- 7158458		23,267				DESIGNATIONS
MURTIS H TAYLOR MULTI-SERVICE CENTER13422 KINSMAN RD CLEVELAND, OH 44120	23- 7158458		329,711	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MUSCULAR DISEASE SOCIETY OF NE OHIO11100 EUCLID AVENUE CLEVELAND, OH 44106	34-6555861		12,396	0			PROGRAM GRANTS
NATIONAL BLACK UNITED FEDERATION OF CHARITIES40 CLINTON ST NEWARK, NJ 07102	52-1764913		8,123	0			FEDERAL CPN DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NATIONAL MULTIPLE SCLEROSIS SOCIETY6155 ROCKSIDE RD 202 CLEVELAND,OH 44131	34-0801307		11,974	0			DESIGNATIONS
NEIGHBORHOOD CENTERS ASSOCIATION1761 E 30TH ST 100 CLEVELAND,OH 44114	34-0714688		107,974	0			PROGRAM GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HEALTHCARE INC 3569 RIDGE RD CLEVELAND, OH 44102	34-1300581		73,353	0			PROGRAM GRANTS
NEIGHBORHOOD LEADERSHIP INSTITUTE 1761 E 30TH ST 200 CLEVELAND, OH 44114	01-0621494		72,744	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
NEW DIRECTIONS INC30800 CHAGRIN BLVD CLEVELAND, OH 44124	34- 1313806		18,180	0			DESIGNATIONS
NEW DIRECTIONS INC30800 CHAGRIN BLVD CLEVELAND, OH 44124	34- 1313806		97,474	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW LIFE COMMUNITYPO BOX 201187 CLEVELAND, OH 44120	34-1598710		7,111	0			DESIGNATIONS
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVE 204 LAKEWOOD, OH 44107	34-1536257		43,626	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVE 204 LAKEWOOD, OH 44107	34-1536257		64,478	0			PROGRAM GRANTS
NORTHERN OHIO HEMOPHILIA FOUNDATION4807 ROCKSIDE RD 380 CLEVELAND, OH 44131	34-1018501		86,384	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NUEVA LUZ URBAN RESOURCE CENTER2226 WEST 89TH ST CLEVELAND, OH 44102	34-1972937		36,286	0			PROGRAM GRANTS
OHIO UNITED WAY 395 E BROAD ST 320 COLUMBUS, OH 43215	31-4379529		112,581	0			PROGRAM GRANTS

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORCA HOUSE1909 E 89TH ST CLEVELAND, OH 44106	34-6579390		90,972	0			PROGRAM GRANTS
PARMA HOSPITAL HEALTHCARE FOUNDATION7007 POWERS BLVD PARMA, OH 44129	34-0827442		19,755	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PHILLIS WHEATLEY ASSOCIATION4450 CEDAR AVE CLEVELAND, OH 44103	34-0714787		44,332	0			PROGRAM GRANTS
PHILLIS WHEATLEY ASSOCIATION4450 CEDAR AVE CLEVELAND, OH 44103	34-0714787		39,795	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PLANNED PARENTHOOD OF NE OHIO GREATER CLEVELAND444 W EXCHANGE ST AKRON,OH 44302	34-1015976		43,424	0			DESIGNATIONS
POSITIVE EDUCATION PROGRAM3100 EUCLID AVE CLEVELAND,OH 44115	34-1127919		119,061	0			PROGRAM GRANTS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
POSITIVE EDUCATION PROGRAM3100 EUCLID AVE CLEVELAND,OH 44115	34-1127219		24,170	0			DESIGNATIONS
POSTAL EMPLOYEES RELIEF FUNDPO BOX 34500 WASHINGTON,DC 20043	52-1666010		15,331	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT LEARN 2728 EUCLID AVE 200 CLEVELAND, OH 44115	34- 1664385		27,384	0			DESIGNATIONS
PROJECT LEARN 2728 EUCLID AVE 200 CLEVELAND, OH 44115	34- 1664385		57,611	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT LOVE 23611 CHAGRIN BLVD 380 CLEVELAND, OH 44122	34-1795459		5,536	0			DESIGNATIONS
PROVIDENCE HOUSE2037 W 32ND ST CLEVELAND, OH 44113	34-1336325		8,732	0			FEDERAL CPN DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENCE HOUSE2037 W 32ND ST CLEVELAND, OH 44113	34-1336325		14,703	0			DESIGNATIONS
RAINBOW BABIES & CHILDREN'S HOSPITAL11100 EUCLID AVENUE CLEVELAND, OH 44106	34-1567805		12,428	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAVENWOOD MENTAL HEALTH CENTER12557 RAVENWOOD DR CHARDON, OH 44024	34-6573631		101,101	0			PROGRAM GRANTS
RECOVERY RESOURCES3950 CHESTER AVE CLEVELAND, OH 44114	34-1211116		137,537	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RECOVERY RESOURCES3950 CHESTER AVE CLEVELAND, OH 44114	34-1211116		36,993	0			DESIGNATIONS
RISING STAR LEARNING CENTERPO BOX 16724 ROCKY RIVER, OH 44116	02-0776965		11,217	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RONALD MCDONALD HOUSE10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123		8,879	0			FEDERAL CPN DESIGNATIONS
RONALD MCDONALD HOUSE OF CLEVELAND10415 EUCLID AVE CLEVELAND, OH 44106	34-1269123		7,288	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ROSE-MARY CENTER19350 EUCLID AVE CLEVELAND, OH 44117	34-1267579		36,985	0			DESIGNATIONS
SALVATION ARMY OF GREATER CLEVELAND1710 PROSPECT AVE CLEVELAND, OH 44115	34-0714378		408,360	0			PROGRAM GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SALVATION ARMY OF GREATER CLEVELAND1710 PROSPECT AVE CLEVELAND, OH 44115	34-0714378		148,963	0			DESIGNATIONS
SENIOR CITIZEN RESOURCES INC 3100 DEVONSHIRE RD CLEVELAND, OH 44109	34-1098212		11,492	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR CITIZEN RESOURCES INC 3100 DEVONSHIRE RD CLEVELAND, OH 44109	34-1098212		69,049	0			PROGRAM GRANTS
SENIOR OUTREACH SERVICES INC2390 E 79TH ST CLEVELAND, OH 44104	34-1346752		74,813	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SENIOR TRANSPORTATION CONNECTION323 LAKESIDE AVE 400 CLEVELAND, OH 44113	30- 0319480		88,087	0			PROGRAM GRANTS
SERVICES FOR INDEPENDENT LIVING 25100 EUCLID AVE 105 EUCLID, OH 44117	34- 1315202		13,155	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SHOES AND CLOTHES FOR KIDS INC4614 PROSPECT AVE 511 CLEVELAND, OH 44103	34-1554285		6,198	0			FEDERAL CPN DESIGNATIONS
SHOES AND CLOTHES FOR KIDS INC4614 PROSPECT AVE 511 CLEVELAND, OH 44103	34-1554285		6,609	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SOUTHWEST COMMUNITY HEALTH SYSTEM 18697 E BAGLEY RD MIDDLEBURG HEIGHTS, OH 44130	34-0753531		14,566	0			DESIGNATIONS
SPANISH AMERICAN COMMITTEE4407 LORAIN AVE CLEVELAND, OH 44113	34-1028559		6,069	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SPANISH AMERICAN COMMITTEE4407 LORAIN AVE CLEVELAND, OH 44113	34-1028559		81,197	0			PROGRAM GRANTS
SPECIAL STARS OF THE NORTH COAST INC24494 WESTWOOD RD WESTLAKE, OH 44145	34-1600949		11,498	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ST VINCENT CHARITY MEDICAL CENTER 2351 E 22ND ST CLEVELAND, OH 44115	34-1893452		5,148	0			DESIGNATIONS
STARTING POINT 4600 EUCLID AVE 500 CLEVELAND, OH 44115	34-1650004		151,551	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
STARTING POINT FOR CHILD CARE AND EARLY EDUCATION4600 EUCLID AVE 500 CLEVELAND,OH 44115	34-1650004		20,492	0			DESIGNATIONS
THE GATHERING PLACE23300 COMMERCE PARK DR CLEVELAND,OH 44122	34-1879035		18,492	0			DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE INTERGENERATIONAL SCHOOL12200 FAIRHILL ROAD CLEVELAND,OH 44120	34-1901127		45,357	0			PROGRAM GRANTS
THE INTERGENERATIONAL SCHOOL12200 FAIRHILL ROAD CLEVELAND,OH 44120	34-1901127		6,037	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE RAINEY INSTITUTE1523 E 55TH ST CLEVELAND,OH 44103	34-6555952		10,090	0			DESIGNATIONS
THE RAINEY INSTITUTE1523 E 55TH ST CLEVELAND,OH 44103	34-6555952		25,028	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE 300 CLEVELAND, OH 44115	34-1578831		43,176	0			DESIGNATIONS
TOWARDS EMPLOYMENT INC 1255 EUCLID AVE 300 CLEVELAND, OH 44115	34-1578831		99,177	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TRANSITIONAL HOUSING INC1545 W 25TH ST CLEVELAND, OH 44113	34-1424555		24,986	0			DESIGNATIONS
TRANSITIONAL HOUSING INC1545 W 25TH ST CLEVELAND, OH 44113	34-1424555		59,018	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 BLACK FUND OF GREATER CLEVELAND1621 EUCLID AVE 830 CLEVELAND, OH 44115	34-1366892		13,252	0			DESIGNATIONS
UNITED BLACK FUND OF GREATER CLEVELAND1621 EUCLID AVE 830 CLEVELAND, OH 44115	34-1366892		742,773	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CLEVELAND10011 EUCLID AVE CLEVELAND, OH 44106	34-0753561		63,655	0			DESIGNATIONS
UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CLEVELAND10011 EUCLID AVE CLEVELAND, OH 44106	34-0753561		299,417	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LABOR AGENCY3328 CARNEGIE AVE CLEVELAND,OH 44115	23-7180005		68,425	0			PROGRAM GRANTS
UNITED MITOCHONDRIAL DISEASE FOUNDATIONPO BOX 39416 SOLON,OH 44139	25-1767180		11,980	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 DR FAIRFAX, VA 22031	13-1624241		13,236	0			FEDERAL CPN DESIGNATIONS
UNITED NEGRO COLLEGE FUND INC2000 AUBURN DRIVE SUITE 200 CLEVELAND, OH 44122	13-1624241		76,190	0			DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND LOCAL2000 AUBURN DRIVE SUITE 200 CLEVELAND, OH 44122	13-1624241		5,198	0			FEDERAL CPN DESIGNATIONS
UNITED SERVICE ORGANIZATIONS 9199 MARKET PLACE CLEVELAND, OH 44147	34-6006829		6,337	0			FEDERAL CPN DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY FOR SOUTHEASTERN MICHIGAN660 WOODWARD AVE DETROIT, MI 48226	20-3099071		7,819	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF ANCHORAGE701 W 8TH AVE ANCHORAGE, AK 04769	92-0027948		5,785	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 AROOSTOOK480 MAIN ST PRESQUE ISLE,ME 04769	23-7147455		5,042	0			DESIGNATIONS
UNITED WAY OF ASHTABULA COUNTY2801 C COURT ASHTABULA,OH 44004	34-0846640		10,931	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 BUFFALO & ERIE COUNTY742 DELAWARE AVE BUFFALO,NY 14209	16-0743969		40,089	0			DESIGNATIONS
UNITED WAY OF CENTRAL INDIANA 3901 N MERIDIAN ST 25 INDIANAPOLIS,IN 46208	35-1007590		21,962	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CENTRAL NEW YORKPO BOX 2129 SYRACUSE, NY 13220	15-0532073		12,442	0			DESIGNATIONS
UNITED WAY OF CENTRAL OHIO 360 S THIRD ST COLUMBUS, OH 43215	31-4393712		36,125	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF CHITTENDEN COUNTY412 FARRELL ST 200 SOUTH BURLINGTON, VT 05403	03-0217229		9,148	0			DESIGNATIONS
UNITED WAY OF COLLIER COUNTY 848 1ST AVE N 240 NAPLES, FL 34102	59-1026096		5,700	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 ELKHART COUNTY PO BOX 3048 ELKHART, IN 46516	35-0953433		5,990	0			DESIGNATIONS
UNITED WAY OF ERIE COUNTY416 COLUMBUS AVE SANDUSKY, OH 44870	34-4443835		6,136	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF ERIE COUNTY (PA) 420 W 6TH ST ERIE, PA 16507	25-1053091		13,072	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER CINCINNATI 12400 READING RD CINCINNATI, OH 45202	31-0537502		27,321	0			DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 KANSAS CITYPO BOX 871400 KANSAS CITY, MO 64187	44-0545812		9,617				DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY1875 N RIDGE RD E H LORAIN, OH 44055	34-1011104		119,641				DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LORAIN COUNTY1875 N RIDGE RD E H LORAIN, OH 44055	34-1011104		28,359				FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER PORTLANDONE CANAL PLAZA STE 300 PORTLAND, ME 04122	01-0241767		24,207				DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 ROCHESTER75 COLLEGE AVE ROCHESTER, NY 14607	16-1015782		7,899				DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY4825 HIGBEE AVE NW CANTON, OH 44718	13-4254191		27,345	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 STARK COUNTY4825 HIGBEE AVE NW CANTON, OH 44718	13-4254191		9,261	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER TOLEDOPO BOX 527 TOLEDO, OH 43697	34-4427947		61,344	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 KING COUNTY 720 2ND AVE SEATTLE, WA 98104	91-0565555		19,352	0			DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105037		21,053	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		8,449	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		974,742	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LEE COUNTY7273 CONCOURSE DR FORT MYERS, FL 33908	59-1005169		6,307	0			DESIGNATIONS
UNITED WAY OF MEDINA COUNTY 704 N COURT ST MEDINA, OH 44256	23-7110762		90,292	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF METROPOLITAN CHICAGO 560 W LAKE ST CHICAGO, IL 60606	30-0200478		6,502	0			DESIGNATIONS
UNITED WAY OF PIERCE COUNTY 1501 PACIFIC AVE 4TH FL TACOMA, WA 98401	91-0650669		12,062	0			DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF PORTAGE COUNTYPO BOX 845 RAVENNA, OH 44266	34-1054769		24,917	0			DESIGNATIONS
UNITED WAY OF RICHLAND COUNTY35 PARK ST N MANSFIELD, OH 44902	34-0714455		5,611	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SALT LAKE257 E 200 S STE 300 SALT LAKE CITY, UT 84111	87-0227091		12,534	0			DESIGNATIONS
UNITED WAY OF SNOHOMISH COUNTY3120 MCDUGALL AVE STE 200 EVERETT, WA 98201	91-0606507		5,075	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 ST JOSEPH COUNTY3517 E JEFFERSON BLVD SOUTH BEND, IN 46660	35-1063368		5,120	0			DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY PO BOX 1260 AKRON, OH 44309	34-1169257		174,725	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 SUMMIT COUNTY 90 N PROSPECT ST AKRON, OH 44309	34-1169257		31,273	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 S W 11TH AVE 300 PORTLAND, OR 97205	93-0582124		5,752	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE GREATER DAYTON AREA 33 W FIRST ST STE 500 DAYTON, OH 45402	31-0536658		9,461	0			DESIGNATIONS
UNITED WAY OF THE GREATER CAPITAL REGION PO BOX 13865 ALBANY, NY 12212	14-1364505		31,894	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 TREASURE VALLEY PO BOX 7963 BOISE, ID 83707	82-0299013		9,464	0			DESIGNATIONS
UNITED WAY OF TRUMBULL COUNTY 3601 YOUNGSTOWN ROAD SE WARREN, OH 44484	34-1083629		7,225	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 WARREN COUNTY PA305 WTHIRD AVE WARREN,PA 16365	25-6003367		5,057	0			FEDERAL CPN DESIGNATIONS
UNITED WAY OF WASHTENAW COUNTY2305 PLATT RD ANN ARBOR,MI 48104	38-1951024		6,146	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WAYNE AND HOLMES COUNTIES INC PO BOX 548 WOOSTER, OH 44691	34-0946973		22,554	0			DESIGNATIONS
UNITED WAY SERVICES OF GEAUGA COUNTY 209 CENTER ST CHARDON, OH 44024	34-6516654		75,506	0			DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY HOSPITALS CASE MEDICAL CENTER 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775		106,369	0			DESIGNATIONS
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER 13207 RAVENNA RD CHARDON, OH 44024	34-0816492		19,750	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF AKRON185 EAST MILL ST AKRON, OH 44325	34-6575496		31,605	0			PROGRAM GRANTS
UNIVERSITY SETTLEMENT4800 BROADWAY AVE CLEVELAND, OH 44127	34-0714776		212,688	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
UNIVERSITY SETTLEMENT4800 BROADWAY AVE CLEVELAND,OH 44127	34-0714776		18,341	0			DESIGNATIONS
URBAN COMMUNITY SCHOOL4909 LORAIN AVE CLEVELAND,OH 44102	34-6608706		12,965	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CLEVELAND2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563		6,288	0			DESIGNATIONS
URBAN LEAGUE OF GREATER CLEVELAND2930 PROSPECT AVE CLEVELAND, OH 44115	34-0720563		214,534	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
USO OF NEOH 20637 EMERALD PARKWAY CLEVELAND, OH 44135	34- 6006829		10,611	0			FEDERAL CPN DESIGNATION
AMERICAN RED CROSS- GREATER CLEVELAND CHAPTER3747 EUCLID AVENUE CLEVELAND, OH 44115	34- 0714622		188,199	0			DESIGNATIONSDESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ARTHRITIS FOUNDATION NORTHEASTERN OHIO CHAPTER CLEVELAND4630 RICHMOND ROAD 240 CLEVELAND,OH 44128	34-6544884		126,023	0			PROGRAM GRANTS
BEREA CHILDRENS HOME AND FAMILY SERVICES202 E BAGLEY ROAD BEREA,OH 44017	34-0720558		10,302	0			DESIGNATIONSDESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BIG BROTHERS BIG SISTERS OF GREATER CLEVELAND2241 WOODLAND AVENUE CLEVELAND, OH 44115	34- 0714322		209,212	0			PROGRAM GRANTS
BIG BROTHERS BIG SISTERS NE OH-GEAUGA1422 EUCLID AVENUE 552 CLEVELAND, OH 44115	34- 1039700		75,000	0			PROGRAM GRANTSPROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BVU CENTER FOR NON-PROFIT EXCELLENCE1301 E 9TH STREET 1805 CLEVELAND, OH 44114	34-1724581		7,000	0			PROGRAM GRANTS
ACHIEVEMENT CENTERS FOR CHILDREN4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		154,310	0			DESIGNATIONS



Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CHILDREN4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		450,989	0			PROGRAM GRANTS
ADOPTION NETWORK CLEVELAND4614 PROSPECT AVENUE 550 CLEVELAND, OH 44103	34-1603766		10,359	0			DESIGNATIONSDESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ADOPTION NETWORK CLEVELAND4614 PROSPECT AVENUE 550 CLEVELAND,OH 44103	34- 1603766		197,879	0			PROGRAM GRANTS
AIDS FUNDING COLLABORATIVE 1501 EUCLID AVENUE 310 CLEVELAND,OH 44115	34- 0714723		50,000	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CENTER FOR COMMUNITY SOLUTIONSPO BOX 92382 CLEVELAND, OH 44193	34-0714723		5,575	0			DESIGNATIONS
CLEVELAND MEDITATION CENTER2012 W 25TH STREET 412 CLEVELAND, OH 44113	34-1369412		26,221	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
COLLEGE NOW GR CLEVELAND2000 AUBURN DIRVE SUITE 200 CLEVELAND,OH 44122	13- 1624241		11,439	0			DESIGNATIONS
CONSUMER PROTECTION ASSOCIATION3030 EUCLID AVENUE 105 CLEVELAND,OH 44115	34- 1025870		6,574	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIABETES PARTNERSHIP OF CLEVELAND3601 S GREEN ROAD 100 CLEVELAND, OH 44122	34-0762558		39,936	0			DESIGNATIONS
EAST END NEIGHBORHOOD HOUSE2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		8,390	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EDUCATIONAL SERVICE CENTER 5811 CANAL ROAD VALLEY VIEW, OH 44125	34-6000814		10,000	0			PROGRAM GRANTS
ELIZA BRYANT VILLAGE 7201 WADE PARK AVENUE CLEVELAND, OH 44103	34-0715816		22,500	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
EMERALD DEVELOPMENT & ECONOMIC NETWORK7812 MADISON AVENUE CLEVELAND, OH 44102			54,690	0			PROGRAM GRANTS
FAMICOS FOUNDATION1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534		97,602	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY CONNECTIONS 19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1696816		142,965	0			PROGRAM GRANTS
FAMILY CONNECTIONS 19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1696816		14,644	0			DESIGNATIONS



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY PROMISE OF GR CLEVELAND 3470 E 152ND STREET CLEVELAND, OH 44120	34-1598710		5,531	0			DESIGNATIONS
GIRL SCOUTS OF NORTHEAST OHIO - NORTH REGION ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0714415		27,326	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VISITING NURSE ASSOCIATION OF OHIO2500 E 22ND ST CLEVELAND,OH 44115	34-0714722		248,624	0			PROGRAM GRANTS
VISITING NURSE ASSOCIATION OF OHIO2500 E 22ND ST CLEVELAND,OH 44115	34-0714722		28,481	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VOCATIONAL GUIDANCE SERVICES2239 E 55TH STREET CLEVELAND,OH 44103	34-0714650		380,499	0			PROGRAM GRANTS
VOCATIONAL GUIDANCE SERVICES2239 E 55TH STREET CLEVELAND,OH 44103	34-0714650		53,790	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVE CLEVELAND, OH 44115	34-1941907		7,090	0			DESIGNATIONS
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVE CLEVELAND, OH 44115	34-1941907		32,542	0			PROGRAM GRANTS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WECO FUND INC 1745 ROCKWELL AVE CLEVELAND, OH 44114	34-1439659		107,175	0			PROGRAM GRANTS
WEST SIDE CATHOLC CENTER 3135 LORAIN AVE CLEVELAND, OH 44113	34-1244687		122,422	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEST SIDE CATHOLC CENTER 3135 LORAIN AVE CLEVELAND, OH 44113	34-1244687		138,548	0			PROGRAM GRANTS
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVE CLEVELAND, OH 44102	34-0714820		73,829	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 ECUMENICAL MINISTRY5209 DETROIT AVE CLEVELAND,OH 44102	23-7034175		296,373	0			PROGRAM GRANTS
WEST SIDE ECUMENICAL MINISTRY5209 DETROIT AVE CLEVELAND,OH 44102	23-7034175		29,066	0			DESIGNATIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WILD ANIMALS WORLD1100 LARKSPUR LANDING COURT STE 340 LARKSPUR,CA 94939	20-8774272		6,645	0			FEDERAL CPN DESIGNATIONS
WOMANKIND INC 5400 TRANSPORTATION BLVD GARFIELD HEIGHTS, OH 44125	51-0168651		13,934	0			DESIGNATIONS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN CHILDREN AND FAMILY SERVICESPO BOX 45754 SAN FRANCISCO, CA 94145	94-3193386		21,086	0			FEDERAL CPN DESIGNATIONS
WOMEN'S CENTER OF GREATER CLEVELAND6209 STORER AVE CLEVELAND, OH 44102	34-1496171		45,234	0			PROGRAM GRANTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
WOMENSAFE INC 12041 RAVENNA RD CHARDON, OH 44024	34-1341527		38,482	0			DESIGNATIONS
WOMENSAFE INC 12041 RAVENNA RD CHARDON, OH 44024	34-1341527		60,228	0			PROGRAM GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LAKE COUNTY-METROPOLITAN OFFICE933 MENTOR AVE PAINESVILLE, OH 44077	34-0714796		6,378	0			DESIGNATIONS
YMCA OF GREATER CLEVELAND2200 PROSPECT AVE 900 CLEVELAND, OH 44115	34-0714728		36,244	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 CLEVELAND2200 PROSPECT AVE 900 CLEVELAND, OH 44115	34-0714728		132,112	0			PROGRAM GRANTS
YWCA OF GREATER CLEVELAND4019 PROSPECT AVE CLEVELAND, OH 44103	34-0714800		19,761	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA OF GREATER CLEVELAND4019 PROSPECT AVE CLEVELAND, OH 44103	34-0714800		125,635	0			PROGRAM GRANTS
YOUNGSTOWNMAHONING VALLEY UNITED WAY255 WATT ST YOUNGSTOWN, OH 44505	34-0714598		12,058	0			FEDERAL CPN DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YOUNGSTOWNMAHONING VALLEY UNITED WAY255 WATT ST YOUNGSTOWN, OH 44505	34-0714598		8,309	0			DESIGNATIONS
YOUTH CHALLENGE800 SHARON DR WESTLAKE, OH 44145	34-1396825		13,909	0			DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YOUTH OPPORTUNITIES UNLIMITED1361 EUCLID AVE CLEVELAND, OH 44115	34-1381135		235,188	0			PROGRAM GRANTS
YOUTH OPPORTUNITIES UNLIMITED1361 EUCLID AVE CLEVELAND, OH 44115	34-1381135		49,938	0			DESIGNATIONS

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CLEVELAND METROPOLITAN SCHOOL DISTRICT 1380 EAST 6TH ST CLEVELAND, OH 44114	34-6000662		7,000	0			PROGRAM GRANTS
CUYAHOGA COUNTY OFFICE OF EARLY CHILDHOOD 310 W LAKESIDE AVE 656 CLEVELAND, OH 44113	34-6000817		125,000	0			PROGRAM GRANTS



**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CUYAHOGA COUNTY1219 ONTARIO ST CLEVELAND, OH 44113	34-6000817		250,000	0			PROGRAM GRANTS
GEAUGA COUNTY HEALTH DISTRICT 470 CENTER ST BUILDING 8 CHARDON, OH 44024	34-6001278		5,000	0			PROGRAM GRANTS

Software ID:  
Software Version:  
EIN: 34-6516654  
Name: UNITED WAY OF GREATER CLEVELAND

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	B	75,506	ACTUAL
(2) CLEVELAND COMMUNITY FUND (34-0714586)	C	254,283	ACTUAL
(3) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	K		ALL ACTIVITY INCLUDES K, M, N + P
(4) UNITED WAY OF GEAUGA COUNTY (20-5575556) SUBSIDIARY	R		ALL ACTIVITY
(5) YOUTH OPPORTUNITIES UNLIMITED	B	58,677	ACTUAL
(6)	D		