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CHANGE OF ACCOUNTING PERIOD

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JAN 1, 2013 and ending JUN 30, 2013

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 province, country, and ZIP or foreign postal code
CLEVELAND, OH 44115-1854

F Name and address of principal officer WILLIAM J. KITSON III
SAME AS C ABOVE

D Employer identification number
34-6516654

E Telephone number
216-436-2100

G Gross receipts $ 16,594,662.

H(a) Is this a group return for subordinates? ☒ Yes ☐ No

H(b) Are all subordinates included? ☒ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 5378

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	
	2	Check this box ▶ ☐ 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)	80
	4	Number of independent voting members of the governing body (Part VI, line 1b)	79
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	6700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	0.

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	45,366,485.	14,497,530.
	9	Program service revenue (Part VIII, line 2g)	2,116,710.	728,185.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	501,443.	506,427.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	483,189.	241,534.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,467,827.	15,973,676.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,981,310.	23,985,043.
	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)	7,821,627.	4,367,170.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,853,473.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,176,597.	2,190,746.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	42,979,534.	30,542,959.
	19	Revenue less expenses Subtract line 18 from line 12	5,488,293.	<14,569,283.>

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	55,252,475.	48,710,288.
	21	Total liabilities (Part X, line 26)	23,218,410.	31,245,506.
	22	Net assets or fund balances Subtract line 21 from line 20	32,034,065.	17,464,782.

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 — Date 5/7/14

▶ WILLIAM J. KITSON III, PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DAVID M. REAPE, CPA	Preparer's signature	Date 5/6/14	Check ☒ if self-employed	PTIN P00068117
Firm's name ▶ CIUNI & PANICHI, INC.			Firm's EIN ▶	34-1322309
Firm's address ▶ 25201 CHAGRIN BLVD. #200 CLEVELAND, OH 44122-5683			Phone no	(216)831-7171

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

917

SCANNED JUN 25 2014

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
UNITED WAY OF GREATER CLEVELAND IS A LEADER IN ADDRESSING HEALTH AND HUMAN SERVICE NEEDS THROUGH CONVENING PARTNERSHIPS, FUNDING PROGRAMS, AND GENERATING RESOURCES TO SUPPORT EDUCATION, INCOME AND HEALTH PRIORITIES IN THE GREATER CLEVELAND COMMUNITY.

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

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

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

4a (Code) (Expenses $ 4,298,731. including grants of $ 4,298,731.) (Revenue $ 0.)
UNITED WAY INVESTED $4,298,731 IN THE AREA OF EDUCATION. THE EMPHASIS IS PREPARING CHILDREN TO ENTER AND GRADUATE FROM SCHOOL. FUNDING IN THIS AREA SUPPORTS:
- MENTORING AND YOUTH DEVELOPMENT ACTIVITIES
- EARLY CHILDHOOD EDUCATION AND CARE
- PARENTING SUPPORT AND EDUCATION
- ACADEMIC ENRICHMENT AND YOUTH DEVELOPMENT FOR PRESCHOOL THROUGH HIGH SCHOOL
- STAY IN SCHOOL STRATEGIES FOR OUR YOUTH
- EARLY DIAGNOSIS OF DISABLING CONDITIONS IN CHILDREN
- EARLY INTERVENTION MENTAL ILLNESS PROGRAMS FOR CHILDREN FROM BIRTH TO AGE 5

4b (Code) (Expenses $ 4,673,280. including grants of $ 4,673,280.) (Revenue $ 0.)
UNITED WAY INVESTED $4,673,280 IN THE AREA OF SELF SUFFICIENCY AND INCOME. THE EMPHASIS IS ON SUPPORTING FAMILIES AND INDIVIDUALS PURSUING FINANCIAL STABILITY. FUNDING IN THIS AREA SUPPORTS:
- 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
- SERVICES DESIGNED TO HELP LOW INCOME SENIORS AND/OR THOSE WITH DISABILITIES
- DISASTER RELIEF SERVICES

4c (Code) (Expenses $ 4,159,332. including grants of $ 4,159,332.) (Revenue $ 0.)
UNITED WAY INVESTED $4,159,332 IN THE AREA OF HEALTH. THE EMPHASIS IS ON INCREASING ACCESS TO HEALTH CARE, NUTRITION AND HEALTH ENVIRONMENTS. FUNDING IN THIS AREA SUPPORTS:
- PROVIDING CASE CARE AND CASE MANAGEMENT TO FACILITATE MORE EFFICIENT AND EFFECTIVE ACCESS TO HEALTH CARE AND RELATED SERVICES
- PROVIDING EDUCATION AND TREATMENT FOR CHRONIC ILLNESSES LIKE ASTHMA, DEPRESSION, DIABETES AND CONGESTIVE HEART FAILURE
- HOSPICE AND PALLIATIVE CARE FOR THE UNINSURED AND UNDERINSURED
- DRUG PREVENTION EDUCATION
- OUTPATIENT AND RESIDENTIAL TREATMENT FOR INDIVIDUALS WITH ALCOHOL OR CHEMICAL DEPENDENCY
- OUTPATIENT CARE, CASE MANAGEMENT AND PSYCHIATRIC DAY TREATMENT TO

4d Other program services (Describe in Schedule O.)
(Expenses $ 13,064,679. including grants of $ 10,853,700.) (Revenue $ 728,185.)

4e Total program service expenses ▶ 26,196,022.

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a*	24a		X
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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301.7701 3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, 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, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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 as charitable contributions?		6a		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the 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 amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MICHAEL E. HEADEN, CHIEF FINANCIAL OFFICER - 216-436-2100
1331 EUCLID AVENUE, CLEVELAND, OH 44115

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER M. CONNOR TRUSTEE	1.00	X								
(2) ROBIN C. COTTINGHAM TRUSTEE	1.00	X								
(3) STEVE DAVIS, MD TRUSTEE	1.00	X								
(4) PAUL J. DOLAN TRUSTEE	1.00	X								
(5) CRAIG A. DONNAN TRUSTEE	1.00	X								
(6) DAVID J. ENZERRA TRUSTEE	1.00	X								
(7) SARI FELDMAN TRUSTEE	1.00	X								
(8) RHONDA S. FERGUSON TRUSTEE	1.00	X								
(9) ROBERT W. GILLESPIE, JR TRUSTEE	1.00	X								
(10) MICHAEL W. GOIN TRUSTEE	1.00	X								
(11) DAVID S. GOODMAN TRUSTEE	1.00	X								
(12) ERIC S. GORDON TRUSTEE	1.00	X								
(13) HOWARD W. HANNA, IV TRUSTEE	1.00	X								
(14) DAVID J. HOOKER TRUSTEE	1.00	X								
(15) HON. FRANK G. JACKSON TRUSTEE	1.00	X								
(16) IRA C. KAPLAN 2013 CPN CO CHAIR	4.00	X								
(17) ELLIOTT A. KELLMAN TRUSTEE	1.00	X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA D. KENNEDY-SCOTT TRUSTEE	1.00	X								
(19) ROBERT J. KING, JR TRUSTEE	1.00	X								
(20) LEONARD A. KOMOROSKI TRUSTEE	1.00	X								
(21) PAUL MATSEN TRUSTEE	1.00	X								
(22) RANDALL J. KORACH TRUSTEE	1.00	X								
(23) SARAH K. MELAMED TRUSTEE	1.00	X								
(24) W. SCOTT MERK TRUSTEE	1.00	X								
(25) STEVE MILLARD TRUSTEE	1.00	X								
(26) PATRICK M. PASTORE 2013 CPN CO CHAIR	4.00	X								
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	184,742.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,312,788.				
	g Noncash contributions included in lines 1a-1f $						
	h **Total.** Add lines 1a-1f			14,497,530.			
Program Service Revenue		**Business Code**					
	2a REGIONAL OFFICES	900099		231,685.	231,685.		
	b INFORMATION & REFERRAL	900099		185,620.	185,620.		
	c HUNGER PROGRAM	900099		144,062.	144,062.		
	d YOUTH PROGRAMS	900099		136,156.	136,156.		
	e RESEARCH & EVALUATION	900099		4,961.	4,961.		
	f All other program service revenue	900099		25,701.	25,701.		
	g **Total.** Add lines 2a-2f			728,185.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds			125,890.			125,890.
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	40,202.					
	b Less rental expenses	0.					
	c Rental income or (loss)	40,202.					
	d Net rental income or (loss)			40,202.	40,202.		
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	804,232.					
	b Less: cost or other basis and sales expenses	423,695.					
	c Gain or (loss)	380,537.					
	d Net gain or (loss)			380,537.			380,537.
	8a Gross income from fundraising events (not including $ 184,742. of contributions reported on line 1c). See Part IV, line 18	a	197,291.				
	b Less direct expenses	b	197,291.				
	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	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	**Business Code**					
	11a ACCTG AND PAYROLL CAPACITY	900099		166,453.	166,453.		
	b INSURANCE GROUP MANAGEMENT	900099		34,879.	34,879.		
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			201,332.			
	12 **Total revenue.** See instructions			15,973,676.	969,719.	0.	506,427.

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	23,938,325.	23,938,325.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	46,718.	46,718.		
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	547,298.	54,844.	328,921.	163,533.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,692,105.	902,861.	737,186.	1,052,058.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	317,558.	84,120.	135,215.	98,223.
9	Other employee benefits	530,916.	156,596.	238,805.	135,515.
10	Payroll taxes	279,293.	109,828.	90,201.	79,264.
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,298.		2,893.	1,405.
c	Accounting	69,158.		69,158.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	18,487.		18,487.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	140,408.	77,431.	8,436.	54,541.
13	Office expenses	120,820.	57,379.	51,037.	12,404.
14	Information technology	172,398.	44,304.	116,002.	12,092.
15	Royalties				
16	Occupancy	226,591.	38,024.	188,567.	
17	Travel	63,146.	16,667.	42,541.	3,938.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,532.	2,406.	7,963.	163.
20	Interest				
21	Payments to affiliates	397,129.	397,129.		
22	Depreciation, depletion, and amortization	231,530.	20,328.	179,783.	31,419.
23	Insurance	45,483.	191.	45,292.	
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONSULTANTS/TEMPORARY H	426,212.	214,326.	118,060.	93,826.
b	LOCAL MEETINGS	157,076.	26,621.	18,154.	112,301.
c	DUES AND SUBSCRIPTIONS	14,577.	2,256.	11,323.	998.
d	INTERDEPARTMENTAL CHARG	<64,942.>		<64,753.>	<189.>
e	All other expenses	157,843.	5,668.	150,193.	1,982.
25	**Total functional expenses** Add lines 1 through 24e	30,542,959.	26,196,022.	2,493,464.	1,853,473.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non interest-bearing		5,835.	1	5,361.
	2	Savings and temporary cash investments		17,539,016.	2	14,816,449.
	3	Pledges and grants receivable, net		23,341,023.	3	18,485,736.
	4	Accounts receivable, net		1,403,442.	4	1,248,537.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		181,415.	9	189,745.
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 12,171,762.			
	b	Less accumulated depreciation	10b 6,053,948.	6,029,053.	10c	6,117,814.
	11	Investments - publicly traded securities		5,981,646.	11	7,059,541.
	12	Investments other securities See Part IV, line 11		771,045.	12	787,105.
	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)		55,252,475.	16	48,710,288.
Liabilities	17	Accounts payable and accrued expenses		1,131,182.	17	2,215,654.
	18	Grants payable		20,441,158.	18	27,777,368.
	19	Deferred revenue		1,646,070.	19	1,252,484.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			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		23,218,410.	26	31,245,506.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,222,137.	27	14,957,394.
	28	Temporarily restricted net assets		11,561,928.	28	2,257,388.
	29	Permanently restricted net assets		250,000.	29	250,000.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		32,034,065.	33	17,464,782.
	34	Total liabilities and net assets/fund balances		55,252,475.	34	48,710,288.

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,973,676.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,542,959.
3	Revenue less expenses Subtract line 2 from line 1	3	<14,569,283.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,034,065.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,464,782.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER CLEVELAND	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 described in **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 - Non-functionally integrated

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?

		Yes	No
(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 supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	39,305,389.	40,029,662.	41,921,305.	45,366,485.	14,497,530.	181,120,371.
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	39,305,389.	40,029,662.	41,921,305.	45,366,485.	14,497,530.	181,120,371.
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						181,120,371.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	39,305,389.	40,029,662.	41,921,305.	45,366,485.	14,497,530.	181,120,371.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	339,909.	257,987.	249,253.	275,823.	166,092.	1,289,064.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						182,409,435.

12 Gross receipts from related activities, etc. (see instructions)	12	10,261,816.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.29 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.04 %

16a **33 1/3% support test - 2013.** 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 - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** 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 - 2012.** 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 III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** 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 - 2012.** 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.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)

PART II, COLUMN (E)

EXPLANATION: THIS COLUMN REPRESENTS THE SIX MONTH PERIOD OF 01/01/2013 THROUGH 06/30/2013.

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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, Part V, line 35c (Proxy Tax), then

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

Name of organization	Employer identification number
UNITED WAY OF GREATER CLEVELAND	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 in Part IV
2 Political expenditures ▶ $ _____
3 Volunteer hours _____

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

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

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

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

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

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	30,542,959.	
e Total exempt purpose expenditures (add lines 1c and 1d)	30,542,959.	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	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.	

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

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? ☐ Yes ☐ 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable 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			60,000.		60,000.
d Grassroots nontaxable 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			60,000.		60,000.

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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 education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

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	10,787,762.	8,374,810.	8,875,232.	8,696,055.	6,794,059.
b Contributions		1,512,875.			403,790.
c Net investment earnings, gains, and losses	664,273.	1,014,978.	<124,730.>	1,000,120.	1,591,574.
d Grants or scholarships					
e Other expenditures for facilities and programs	69,524.	81,089.	344,939.	797,109.	76,044.
f Administrative expenses	18,487.	33,812.	30,753.	23,734.	17,324.
g End of year balance	11,364,024.	10,787,762.	8,374,810.	8,875,332.	8,696,055.

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

a Board designated or quasi-endowment ▶ 98.00 %
b Permanent endowment ▶ 2.00 %
c Temporarily restricted endowment ▶ .00 %

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

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

	Yes	No
(i) unrelated organizations — 3a(i)		X
(ii) related organizations — 3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		512,500.		512,500.
b Buildings		7,530,487.	2,740,049.	4,790,438.
c Leasehold improvements				
d Equipment		1,744,576.	1,182,027.	562,549.
e Other		2,384,199.	2,131,872.	252,327.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,117,814.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	13,757,465.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	197,707.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	821,916.		
e	Add lines 2a through 2d			2e	1,019,623.
3	Subtract line 2e from line 1			3	12,737,842.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,235,834.		
c	Add lines 4a and 4b			4c	3,235,834.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	15,973,676.

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

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

1	Total expenses and losses per audited financial statements			1	27,599,932.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	180,549.		
e	Add lines 2a through 2d			2e	180,549.
3	Subtract line 2e from line 1			3	27,419,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,123,576.		
c	Add lines 4a and 4b			4c	3,123,576.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	30,542,959.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

EXPLANATION: 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

Part XIII Supplemental Information *(continued)*

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 JUNE 30,2013, 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 AN ONLINE CHARITABLE REGISTRATION IN THE OFFICE OF THE STATE'S 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 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CCF REVENUES	821,916.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS	3,123,584.
CCF EXPENSES	112,250.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	3,235,834.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CCF PENSION ADJUSTMENTS - NET	41,077.
CCF EXPENSES	139,472.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	180,549.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED GIFTS	3,123,576.

SCHEDULE D PART XI AND PART II

EXPLANATION: NOTE: UNITED WAY'S AUDIT IS CONSOLIDATED WITH THE CLEVELAND COMMUNITY FUND (CCF) (34-0714586), THE PRECURSOR ORGANIZATION OF UNITED WAY IN GREATER CLEVELAND, WHICH FILES A SEPARATE FORM 990.

THE ADJUSTMENTS ARE AS FOLLOWS:

PART XI 2(D)

1. CCF REVENUE	$821,916

PART XI 4(D) - OTHER ADJUSTMENTS

DONOR DESIGNATED GIFTS	$3,123,584
CCF EXPENSES	$112,250
TOTAL TO SCHEDULE D, PART XI, LINE 4(D)	$3,235,834

PART XII 2(D) - OTHER ADJUSTMENTS

CCF EXPENSES	$41,067
NET PERIODIC PENSION ADJUSTMENT	$139,472
TOTAL TO SCHEDULE D, PART XII LINE 2D	$180,539

PART XII LINE 4D - OTHER ADJUSTMENTS

DONOR DESIGNATED GIFTS	$3,123,576

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2013

Open To Public Inspection

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

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

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

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

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

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

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

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

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

		(a) Event #1 ROCK THE CATWALK (event type)	(b) Event #2 ANNUAL MEETING (event type)	(c) Other events 5 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	159,837.	82,600.	139,596.	382,033.
	2 Less Contributions	92,139.	10,979.	81,624.	184,742.
	3 Gross income (line 1 minus line 2)	67,698.	71,621.	57,972.	197,291.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	67,698.	71,621.	57,972.	197,291.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	197,291.
	11 Net income summary Subtract line 10 from line 3, 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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	
	8 Net gaming income summary Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Part IV **Supplemental Information** *(continued)*

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER CLEVELAND

Employer identification number
34-6516654

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] 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 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT CENTERS FOR CHILDREN 4255 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		107,183.	0.			DESIGNATIONS
ACHIEVEMENT CENTERS FOR CHILDREN 4256 NORTHFIELD ROAD HIGHLAND HILLS, OH 44128	34-0714766		446,082.	0.			PROGRAM GRANTS
ADOPTION NETWORK CLEVELAND 4614 PROSPECT AVENUE # 550 CLEVELAND, OH 44103	34-1603766		9,191.	0.			DESIGNATIONS
ADOPTION NETWORK CLEVELAND 4615 PROSPECT AVENUE # 550 CLEVELAND, OH 44104	34-1603766		184,411.	0.			PROGRAM GRANTS
AIDS TASKFORCE OF GREATER CLEVELAND - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612		22,397.	0.			DESIGNATIONS
AIDS TASKFORCE OF GREATER CLEVELAND - 3210 EUCLID AVENUE - CLEVELAND, OH 44115	34-1433612		98,363.	0.			PROGRAM GRANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 304.

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AKRON-CANTON REGIONAL FOODBANK 350 OPPORTUNITY PARKWAY AKRON, OH 44307	34-1369388		6,810.	0.			FEDERAL CPN DESIGNATIONS
ALTA HOUSE 12510 MAYFIELD ROAD CLEVELAND, OH 44106	34-0714620		25,979.	0.			PROGRAM GRANTS
ALTA HOUSE 12510 MAYFIELD ROAD CLEVELAND, OH 44106	34-0714620		4,009.	0.			DESIGNATIONS
ALZHEIMER'S ASSOCIATION CLEVELAND AREA CHAPTER - 23215 COMMERCE PARK DRIVE # 300 - BEACHWOOD, OH 44122	13-3039601		26,628.	0.			DESIGNATIONS
AMERICAN CANCER SOCIETY 11432 MAYFIELD ROAD CLEVELAND, OH 44106	34-0726080		67,117.	0.			PROGRAM GRANTS
AMERICAN CANCER SOCIETY 11432 MAYFIELD ROAD CLEVELAND, OH 44106	34-0726080		106,861.	0.			DESIGNATIONS
AMERICAN HEART ASSOCIATION 1689 E 115TH STREET CLEVELAND, OH 44106	13-5613797		33,769.	0.			DESIGNATIONS
AMERICAN RED CROSS P O BOX 73857 CHICAGO, IL 60673	53-0196605		17,724.	0.			FEDERAL CPN DESIGNATIONS
AMERICAN RED CROSS 3747 EUCLID AVENUE CLEVELAND, OH 44115	34-0714622		492,586.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS-GREATER CLEVELAND CHAPTER - 3747 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714622		41,457.	0.			DESIGNATIONS
AMERICAN SICKLE CELL ANEMIA ASSN. 10300 CARNEGIE AVENUE CLEVELAND, OH 44106	23-7178345		58,210.	0.			PROGRAM GRANTS
AMERICAN SICKLE CELL ANEMIA ASSOCIATION - 10300 CARNEGIE AVENUE - CLEVELAND, OH 44106	23-7178345		13,044.	0.			DESIGNATIONS
AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279 5070	54-1517707		22,894.	0.			FEDERAL CPN DESIGNATIONS
ANIMAL CHARITIES OF AMERICA P O BOX 45754 SAN FRANCISCO, CA 94145	94-3193389		35,882.	0.			FEDERAL CPN DESIGNATIONS
ANIMAL PROTECTIVE LEAGUE 1729 WILLEY AVENUE CLEVELAND, OH 44113	34-0714644		9,332.	0.			FEDERAL CPN DESIGNATIONS
APPLEWOOD CENTERS, INC. 2525 E 22ND STREET CLEVELAND, OH 44115	34-0714571		18,009.	0.			DESIGNATIONS
APPLEWOOD CENTERS, INC. 2525 E 22ND STREET CLEVELAND, OH 44115	34-0714571		72,165.	0.			PROGRAM GRANTS
ARC OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-0924983		6,624.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FDN GRLAKESREGION NEOH 4630 RICHMOND ROAD # 240 CLEVELAND, OH 44128	34-6544884		19,731.	0.			DESIGNATIONS
ARTHRITIS FDN GRLAKESREGION NEOHCLEVE - 4630 RICHMOND ROAD # 240 - CLEVELAND, OH 44128	34-6544884		110,649.	0.			PROGRAM GRANTS
ARTHRITIS FDN GRLAKESREGION NEOHGEAUGA - 4630 RICHMOND ROAD # 240 - CLEVELAND, OH 44128	34-6544884		20,000.	0.			PROGRAM GRANTS
ASIAN SERVICES IN ACTION, INC. 730 CAROLL STREET AKRON, OH 44304	34-1798850		82,749.	0.			PROGRAM GRANTS
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597		40,325.	0.			DESIGNATIONS
BEECH BROOK 3737 LANDER ROAD PEPPER PIKE, OH 44124	34-0714597		449,340.	0.			PROGRAM GRANTS
BELLEFAIRE JEWISH CHILDREN'S BUREAU - 22001 FAIRMOUNT BOULEVARD - SHAKER HEIGHTS, OH 44118	34-0714630		10,673.	0.			DESIGNATIONS
BEREA CHILDRENS HOME AND FAMILY SERVICES - 202 E BAGLEY ROAD - BEREA, OH 44017	34-0720558		7,194.	0.			DESIGNATIONS
BIG BROTHERS BIG SISTERS NE OH-GEAUGA - 1422 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		70,000.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF GR CLEVELAND - 1421 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		25,829.	0.			DESIGNATIONS
BIG BROTHERS BIG SISTERS OF GR CLEVELAND - 1422 EUCLID AVENUE # 552 - CLEVELAND, OH 44115	34-1039700		193,127.	0.			PROGRAM GRANTS
BOY SCOUTS OF AMERICA-GR CLEVE COUNCIL - 2241 WOODLAND AVENUE - CLEVELAND, OH 44115	34-0714322		97,251.	0.			PROGRAM GRANTS
BOY SCOUTS OF AMERICA-GR CLEVE COUNCIL - 2241 WOODLAND AVENUE - CLEVELAND, OH 44115	34-0714322		125,937.	0.			DESIGNATIONS
BOY SCOUTS OF AMERICA-GR WEST RSV COUN - 4930 ENTERPRISE DRIVE - WARREN, OH 44481	34-1740075		16,287.	0.			DESIGNATIONS
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686		239,329.	0.			PROGRAM GRANTS
BOYS & GIRLS CLUBS OF CLEVELAND 6114 BROADWAY AVENUE CLEVELAND, OH 44127	34-0770686		76,474.	0.			DESIGNATIONS
BOYS HOPE GIRLS HOPE OF NORTHEASTERN OHIO - 9619 GARFIELD BOULEVARD - GARFIELD HEIGHTS, OH 44125	34-1534921		8,515.	0.			DESIGNATIONS
BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH STREET # 1805 CLEVELAND, OH 44114	34-1724581		46,295.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSINESS VOLUNTEERS UNLIMITED 1300 E 9TH STREET # 1805 CLEVELAND, OH 44114	34-1724581		62,543.	0.			PROGRAM GRANTS
CAMP SUE OSBORN PO BOX 2070 PAINESVILLE, OH 44077	34-1222384		2,445.	0.			DESIGNATIONS
CAMP SUE OSBORN PO BOX 2070 PAINESVILLE, OH 44077	34-1222384		12,600.	0.			PROGRAM GRANTS
CANCERCURE OF AMERICA: P.O. BOX 45501 SAN FRANCISCO, CA 94145 0501	81-0648432		25,980.	0.			FEDERAL CPN DESIGNATIONS
CARE ALLIANCE 1530 SAINT CLAIR AVENUE CLEVELAND, OH 44114	34-1748776		3,641.	0.			DESIGNATIONS
CARE ALLIANCE 1530 SAINT CLAIR AVENUE CLEVELAND, OH 44114	34-1748776		190,464.	0.			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES CORP. 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		316,472.	0.			DESIGNATIONS
CATHOLIC CHARITIES SERVICES CORP. 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541		1,378,455.	0.			PROGRAM GRANTS
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY - 10771 MAYFIELD ROAD - CHARDON, OH 44024	34-1318541		7,008.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES SERVICES-GEAUGA COUNTY - 10771 MAYFIELD ROAD - CHARDON, OH 44024	34-1318541		58,000.	0.			PROGRAM GRANTS
CENTER FOR COMMUNITY SOLUTIONS P.O. BOX 92382 CLEVELAND, OH 44193	34-0714723		4,781.	0.			DESIGNATIONS
CENTER FOR COMMUNITY SOLUTIONS P.O. BOX 92382 CLEVELAND, OH 44193	34-0714723		52,921.	0.			PROGRAM GRANTS
CENTER FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		978,932.	0.			PROGRAM GRANTS
CENTER FOR FAMILIES AND CHILDREN 4500 EUCLID AVENUE CLEVELAND, OH 44103	23-7084455		32,150.	0.			DESIGNATIONS
CHAGRIN FALLS PARK COMMUNITY CENTER - 7060 WOODLAND AVENUE - CHAGRIN FALLS, OH 44022	34-6556661		9,887.	0.			DESIGNATIONS
CHAGRIN FALLS PARK COMMUNITY CENTER - 7060 WOODLAND AVENUE - CHAGRIN FALLS, OH 44022	34-6556661		70,850.	0.			PROGRAM GRANTS
CHARDON COMMUNITY DAY CARE CENTER 12797 MAYFIELD ROAD CHARDON, OH 44024	34-1059195		858.	0.			DESIGNATIONS
CHARDON COMMUNITY DAY CARE CENTER 12797 MAYFIELD ROAD CHARDON, OH 44024	34-1059195		45,900.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES UNDER 1% OVERHEAD P.O. BOX 45754 SAN FRANCISCO, CA 94145	273132554		5,267.	0.			FEDERAL CPN DESIGNATIONS
CHILDREN FIRST-AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279 0570	30-0186795		11,325.	0.			FEDERAL CPN DESIGNATIONS
CHILDRENS CHARITIES OF AMER P O BOX 45754 SAN FRANCISCO, CA 94145	94-3148588		14,108.	0.			FEDERAL CPN DESIGNATIONS
CHILDREN'S HUNGER ALLIANCE 3634 EUCLID AVENUE CLEVELAND, OH 44115	23-7303509		5,717.	0.			DESIGNATIONS
CHILDREN'S MEDICAL CHARITIES OF AMERICN - P O BOX 45754 - SAN FRANCISCO, CA 94145 0310	27-0093393		8,060.	0.			FEDERAL CPN DESIGNATIONS
CHRIST CHILD SOCIETY OF CLEVELAND 6753 STATE ROAD PARMA, OH 44134	34-0821251		2,883.	0.			DESIGNATIONS
CHRISTIAN CHARITIES USA P O BOX 45758 SAN FRANCISCO, CA 94145	94-3255961		24,067.	0.			FEDERAL CPN DESIGNATIONS
CHRISTIAN SERVICE CHARITIES 8001 BRADDOCK RD. SPRINGFIELD, IL 22151	94-3193374		20,399.	0.			FEDERAL CPN DESIGNATIONS
CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	34-0760587		17,714.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY MISSION 5310 CARNEGIE AVENUE CLEVELAND, OH 44103	34-0760586		11,992.	0.			FEDERAL CPN DESIGNATIONS
CITY YEAR CLEVELAND 526 SUPERIOR AVENUE # 408 CLEVELAND, OH 44114	22-2882549		16,612.	0.			DESIGNATIONS
CITY YEAR CLEVELAND 526 SUPERIOR AVENUE # 408 CLEVELAND, OH 44114	22-2882549		24,399.	0.			PROGRAM GRANTS
CLEVELAND CLINIC 9500 EUCLID AVENUE CLEVELAND, OH 44195	91-2153073		26,222.	0.			DESIGNATIONS
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION - 2801 MARTIN LUTHER KING JR DRIVE - CLEVELAND, OH 44104	34-0714570		19,014.	0.			DESIGNATIONS
CLEVELAND CLINIC CHILDREN'S HOSPITAL FOR REHABILITATION - 2801 MARTIN LUTHER KING JR DRIVE - CLEVELAND, OH 44104	34-0714570		58,692.	0.			PROGRAM GRANTS
CLEVELAND FOODBANK 15500 S WATERLOO ROAD CLEVELAND, OH 44110	34-1292848		5,497.	0.			DESIGNATIONS
CLEVELAND FOODBANK 15501 SOUTH WATERLOO ROAD CLEVELAND, OH 44111	34-1292848		32,725.	0.			FEDERAL CPN DESIGNATIONS
CLEVELAND FOODBANK 15500 S WATERLOO ROAD CLEVELAND, OH 44110	34-1292848		603,401.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND FURNITURE BANK 6610 BIDDULPH ROAD CLEVELAND, OH 44144	56-2610534		4,617.	0.			DESIGNATIONS
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648		41,890.	0.			DESIGNATIONS
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648		168,382.	0.			PROGRAM GRANTS
CLEVELAND HOUSING NETWORK 2999 PAYNE AVENUE # 306 CLEVELAND, OH 44114	34-1346763		96,220.	0.			PROGRAM GRANTS
CLEVELAND MEDIATION CENTER 2012 W 25TH STREET # 412 CLEVELAND, OH 44113	34-1369412		48,110.	0.			PROGRAM GRANTS
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339		9,620.	0.			PROGRAM GRANTS
CLEVELAND MUSIC SCHOOL SETTLEMENT 11125 MAGNOLIA DRIVE CLEVELAND, OH 44106	34-0714339		15,657.	0.			DESIGNATIONS
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVENUE # 1400 CLEVELAND, OH 44114	51-0164315		57,712.	0.			DESIGNATIONS
CLEVELAND RAPE CRISIS CENTER 526 SUPERIOR AVENUE # 1400 CLEVELAND, OH 44114	51-0164315		105,842.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		86,594.	0.			PROGRAM GRANTS
CLEVELAND SIGHT CENTER 1909 E 101ST STREET CLEVELAND, OH 44106	34-0714652		45,263.	0.			DESIGNATIONS
CLEVELAND TENANTS ORGANIZATION 3631 PERKINS AVENUE # 3A-4 CLEVELAND, OH 44114	34-1166896		39,450.	0.			PROGRAM GRANTS
CLEVELAND UMADAOP 1215 EAST 79TH STREET CLEVELAND, OH 44103	34-1517684		44,771.	0.			PROGRAM GRANTS
COMMUNITY HEALTH CHARITIES P.O. BOX 75153 BALTIMORE, MD 21275-5153	13-6167225		68,984.	0.			FEDERAL CPN DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF OHIO 5050 PINE CREEK DRIVE WESTERVILLE, OH 43081	31-1055345		36,217.	0.			FEDERAL CPN DESIGNATIONS
COMMUNITY HEALTH CHARITIES OF PENNSYLVANIA - 177 REISTERSTOWN ROAD - BALTIMORE, MD 21208	25-1676478		5,223.	0.			FEDERAL CPN DESIGNATIONS
COMMUNITY HOUSING SOLUTIONS 12114 LARCHMERE BOULEVARD CLEVELAND, OH 44120	23-7299143		2,316.	0.			DESIGNATIONS
COMMUNITY HOUSING SOLUTIONS 12114 LARCHMERE BOULEVARD CLEVELAND, OH 44120	23-7299143		231,227.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY RE-ENTRY PROGRAM 1468 W 25TH STREET CLEVELAND, OH 44113	34-1417120		1,742.	0.			DESIGNATIONS
COMMUNITY RE-ENTRY PROGRAM 1468 W 25TH STREET CLEVELAND, OH 44113	34-1417120		208,653.	0.			PROGRAM GRANTS
CONSUMER PROTECTION ASSOCIATION 3030 EUCLID AVENUE # 105 CLEVELAND, OH 44115	34-1025870		5,508.	0.			DESIGNATIONS
CYSTIC FIBROSIS FOUNDATION-RAINBOW CHAPTER - 4635 RICHMOND ROAD # 103 - WARRENSVILLE HEIGHTS, OH 44128	13-1930701		22,661.	0.			DESIGNATIONS
DDC (DAS DEUTCH) CLINIC FOR SPECIAL NEEDS CHILDREN - PO BOX 845 - MIDDLEFIELD, OH 44062	34-1914344		3,174.	0.			DESIGNATIONS
DDC (DAS DEUTCH) CLINIC FOR SPECIAL NEEDS CHILDREN - PO BOX 845 - MIDDLEFIELD, OH 44062	34-1914344		25,000.	0.			PROGRAM GRANTS
DIABETES ASSOCIATION OF GREATER CLEVELAND - 3601 S GREEN ROAD # 100 - CLEVELAND, OH 44122	34-0762558		122,194.	0.			PROGRAM GRANTS
DIABETES PARTNERSHIP OF CLEVELAND 3601 S GREEN ROAD # 100 CLEVELAND, OH 44122	34-0762558		55,463.	0.			DESIGNATIONS
DO UNTO OTHERS-AMERICAN EMERGENCY P O BOX 45754 SAN FRANCISCO, CA 94145	94-3148590		6,874.	0.			FEDERAL CPN DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMESTIC VIOLENCE CENTER PO BOX 5466 CLEVELAND, OH 44101	34-1278377		309,828.	0.			PROGRAM GRANTS
DOMESTIC VIOLENCE CENTER PO BOX 5466 CLEVELAND, OH 44101	34-1278377		50,746.	0.			DESIGNATIONS
EARLY CHILDHOOD ENRICHMENT CENTER 19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1149833		63,245.	0.			PROGRAM GRANTS
EARLY CHILDHOOD ENRICHMENT CENTER 19824 SUSSEX ROAD SHAKER HEIGHTS, OH 44122	34-1149833		7,538.	0.			DESIGNATIONS
EARTH SHARE OF OHIO 3528 N HIGH ST SUITE E COLUMBUS, OH 43214-4090	52-1601960		5,120.	0.			FEDERAL CPN DESIGNATIONS
EARTHSHARE CAMPAIGN , DEPT. 4011 WASHINGTON, DC 20042 4011	52-1601960		9,999.	0.			FEDERAL CPN DESIGNATIONS
EAST CLEVELAND NEIGHBORHOOD CENTER INC. - 2490 LEE BOULEVARD # 222 - CLEVELAND, OH 44118	34-1541345		88,656.	0.			PROGRAM GRANTS
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		127,772.	0.			PROGRAM GRANTS
EAST END NEIGHBORHOOD HOUSE 2749 WOODHILL ROAD CLEVELAND, OH 44104	34-0714656		7,145.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS NORTHERN OHIO, INC.-BROADVIEW HEIGHTS - 1929A E ROYALTON ROAD - BROADVIEW HEIGHTS, OH 44147	31-4380051		7,232.	0.			DESIGNATIONS
ELIZA BRYANT VILLAGE 7201 WADE PARK AVENUE CLEVELAND, OH 44103	34-0715816		1,027.	0.			DESIGNATIONS
ELIZA BRYANT VILLAGE 7201 WADE PARK AVENUE CLEVELAND, OH 44103	34-0715816		43,299.	0.			PROGRAM GRANTS
EMERALD DEVELOPMENT & ECONOMIC NETWORK - 7812 MADISON AVENUE - CLEVELAND, OH 44102	34-1667990		105,241.	0.			PROGRAM GRANTS
ENTERPRISE COMMUNITY PARTNERS, INC. - 3500 LORAIN AVENUE # 300 - CLEVELAND, OH 44113	52-1231931		91,650.	0.			PROGRAM GRANTS
EPILEPSY ASSOCIATION 2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		18,344.	0.			DESIGNATIONS
EPILEPSY ASSOCIATION 2831 PROSPECT AVENUE CLEVELAND, OH 44115	23-1798807		81,254.	0.			PROGRAM GRANTS
ESPERANZA, INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		17,956.	0.			DESIGNATIONS
ESPERANZA, INCORPORATED 3104 W 25TH STREET 4TH FLOOR CLEVELAND, OH 44109	34-1403492		48,110.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRHILL CENTER FOR AGING 12200 FAIRHILL ROAD CLEVELAND, OH 44120	34-1549927		65,430.	0.			PROGRAM GRANTS
FAMICOS FOUNDATION 1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534		3,188.	0.			DESIGNATIONS
FAMICOS FOUNDATION 1325 ANSEL ROAD CLEVELAND, OH 44106	34-1053534		77,076.	0.			PROGRAM GRANTS
FAMILY CONNECTIONS (WAS SHAKER FAMILY) - 19824 SUSSEX ROAD - SHAKER HEIGHTS, OH 44122	34-1696816		5,157.	0.			DESIGNATIONS
FAMILY CONNECTIONS (WAS SHAKER FAMILY) - 19824 SUSSEX ROAD - SHAKER HEIGHTS, OH 44122	34-1696816		133,235.	0.			PROGRAM GRANTS
FAMILY PROMISE OF GR CLEVELAND 3470 E 152ND STREET CLEVELAND, OH 44120	34-1598710		11,171.	0.			DESIGNATIONS
FAMILY PROMISE OF GR CLEVELAND 3470 E 152ND STREET CLEVELAND, OH 44120	34-1598710		94,777.	0.			PROGRAM GRANTS
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	34-1138269		158,667.	0.			PROGRAM GRANTS
FAR WEST CENTER 29133 HEALTH CAMPUS DRIVE WESTLAKE, OH 44145	34-1138269		2,465.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIELDSTONE FARM PO BOX 23129 CHAGRIN FALLS, OH 44023	34-1310435		8,169.	0.			DESIGNATIONS
FIRST TEE OF CLEVELAND 3841 WASHINGTON PARK BLVD NEWBURGH HTS, OH 44105	34-1915692		14,565.	0.			DESIGNATIONS
FREE MEDICAL CLINIC OF GREATER CLEVELAND - 12201 EUCLID AVENUE - CLEVELAND, OH 44106	23-7078501		226,112.	0.			PROGRAM GRANTS
FREE MEDICAL CLINIC OF GREATER CLEVELAND - 12201 EUCLID AVENUE - CLEVELAND, OH 44106	23-7078501		12,511.	0.			DESIGNATIONS
FRIENDLY INN SETTLEMENT, INC. 2386 UNWIN ROAD CLEVELAND, OH 44104	34-0714413		5,290.	0.			DESIGNATIONS
FRIENDLY INN SETTLEMENT, INC. 2386 UNWIN ROAD CLEVELAND, OH 44104	34-0714413		37,048.	0.			PROGRAM GRANTS
GIRL SCOUTS OF LAKE ERIE COUNCIL-CLEVE - 19201 VILLAVIEW ROAD - CLEVELAND, OH 44119	34-0714415		57,078.	0.			PROGRAM GRANTS
GLOBAL IMPACT P O BOX 409616 ATLANTA, GA 30384 9616	52-1273585		21,086.	0.			FEDERAL CPN DESIGNATIONS
GOLDEN AGE CENTERS OF GREATER CLEVELAND, INC. - 12200 FAIRHILL ROAD - CLEVELAND, OH 44120	34-0796438		9,952.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN AGE CENTERS OF GREATER CLEVELAND, INC. - 12200 FAIRHILL ROAD - CLEVELAND, OH 44120	34-0796438		184,742.	0.			PROGRAM GRANTS
GOODRICH-GANNETT NEIGHBORHOOD CENTER - 1368 E 55TH STREET - CLEVELAND, OH 44103	34-1154199		24,055.	0.			PROGRAM GRANTS
GOODRICH-GANNETT NEIGHBORHOOD CENTER - 1368 E 55TH STREET - CLEVELAND, OH 44103	34-1154199		506.	0.			DESIGNATIONS
GR CLEVELAND COMMUNITY SHARES 3631 PERKINS AVE, 3RD FLOOR CLEVELAND, OH 44114	34-1493880		24,559.	0.			FEDERAL CPN DESIGNATIONS
GR CLEVELAND VOLUNTEERS (WAS RSVP) - 4614 PROSPECT AVENUE # 205 - CLEVELAND, OH 44103	34-1356768		1,662.	0.			DESIGNATIONS
GR CLEVELAND VOLUNTEERS (WAS RSVP) - 4614 PROSPECT AVENUE # 205 - CLEVELAND, OH 44103	34-1356768		108,451.	0.			PROGRAM GRANTS
GRIL SCOUTS OF LAKE ERIE COUNCIL-GEAUGA - 19201 VILLAVIEW ROAD - CLEVELAND, OH 44119	34-0714415		15,865.	0.			PROGRAM GRANTS
HANDS ON NORTHEAST OHIO 4614 PROSPECT AVENUE CLEVELAND, OH 44103	14-1993984		24,055.	0.			PROGRAM GRANTS
HANNA PERKINS SCHOOL 19910 MALVERN ROAD CLEVELAND, OH 44122	34-1269765		10,305.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HANNA PERKINS SCHOOL 19910 MALVERN ROAD CLEVELAND, OH 44122	34-1269765		24,055.	0.			PROGRAM GRANTS
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE SE CLEVELAND, OH 44128	23-7098744		1,842.	0.			DESIGNATIONS
HARVARD COMMUNITY SERVICES CENTER 18240 HARVARD AVENUE SE CLEVELAND, OH 44128	23-7098744		62,652.	0.			PROGRAM GRANTS
HEALTH AND MEDICAL RESEARCH P.O. BOX 45754 SAN FRANCISCO, CA 94145	94-3217739		28,952.	0.			FEDERAL CPN DESIGNATIONS
HEALTH FIRST- AMERICA'S CHARITIES P O BOX 79570 BALTIMORE, MD 21279 0570	30-0186796		5,352.	0.			FEDERAL CPN DESIGNATIONS
HIRAM HOUSE CAMP 33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	34-0714352		10,915.	0.			DESIGNATIONS
HIRAM HOUSE CAMP 33775 HIRAM TRAIL CHAGRIN FALLS, OH 44022	34-0714352		48,110.	0.			PROGRAM GRANTS
HITCHCOCK CENTER FOR WOMEN 1227 ANSEL ROAD CLEVELAND, OH 44108	34-1264097		4,300.	0.			DESIGNATIONS
HITCHCOCK CENTER FOR WOMEN 1227 ANSEL ROAD CLEVELAND, OH 44108	34-1264097		172,234.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME REPAIR RESOURCE CENTER 2520 NOBLE ROAD CLEVELAND HEIGHTS, OH 44121	23-7131204		5,196.	0.			DESIGNATIONS
HOPEWELL INN PO BOX 193 MESOPOTAMIA, OH 44439	34-1739967		8,800.	0.			DESIGNATIONS
HOSPICE OF THE WESTERN RESERVE INC. - 300 E 185TH STREET - CLEVELAND, OH 44119	34-1256377		134,702.	0.			PROGRAM GRANTS
HOSPICE OF THE WESTERN RESERVE INC. - 300 E 185TH STREET - CLEVELAND, OH 44119	34-1256377		175,479.	0.			DESIGNATIONS
HUNGER NETWORK OF GREATER CLEVELAND - 614 W SUPERIOR #744 - CLEVELAND, OH 44113	34-1810545		5,176.	0.			FEDERAL CPN DESIGNATIONS
HUNTINGTON'S DISEASE SOCIETY OF AMERICA - 505 EIGHTH AVENUE, SUITE 902 - NEW YORK, NY 10018	13-3349872		5,704.	0.			DESIGNATIONS
INTERGENERATIONAL SCHOOL 11327 SHAKER BLVD. STE 200E CLEVELAND, OH 44104	34-1901127		43,643.	0.			PROGRAM GRANTS
INTERNATIONAL SERVICES CENTER 1859 PROSPECT AVENUE CLEVELAND, OH 44115	34-0766157		2,159.	0.			DESIGNATIONS
INTERNATIONAL SERVICES CENTER 1859 PROSPECT AVENUE CLEVELAND, OH 44115	34-0766157		48,110.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JDRF INTERNATIONAL NE OHIO 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004	23-1907729		5,474.	0.			DESIGNATIONS
JEWISH COMMUNITY FEDERATION OF CLEVE - 1750 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714445		1,859,754.	0.			PROGRAM GRANTS
JEWISH COMMUNITY FEDERATION OF CLEVE - 1750 EUCLID AVENUE - CLEVELAND, OH 44115	34-0714445		42,946.	0.			DESIGNATIONS
JEWISH FAMILY SERVICE ASSOCIATION OF CLEVELAND - 3659 S GREEN ROAD # 322 - BEACHWOOD, OH 44122	34-0714441		8,140.	0.			DESIGNATIONS
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND - 1422 EUCLID AVENUE # 525 - CLEVELAND, OH 44115	13-1635270		13,263.	0.			DESIGNATIONS
KARAMU HOUSE, INC. 2355 E 89TH STREET CLEVELAND, OH 44106	34-0714448		16,518.	0.			DESIGNATIONS
KARAMU HOUSE, INC. 2355 E 89TH STREET CLEVELAND, OH 44106	34-0714448		114,641.	0.			PROGRAM GRANTS
KIDNEY FOUNDATION OF OHIO 2830 PROSPECT AVENUE CLEVELAND, OH 44115	34-0827747		18,218.	0.			DESIGNATIONS
KIDNEY FOUNDATION OF OHIO, INC. 2831 PROSPECT AVENUE CLEVELAND, OH 44115	34-0827748		94,292.	0.			PROGRAM GRANTS

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

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LAKE-GEAUGA RECOVERY CENTERS, INC. 200 CENTER STREET UNIT B CHARDON, OH 44024	34-1119240		51,000.	0.			PROGRAM GRANTS
LAKEWOOD COMMUNITY SERVICE CENTER 14230 MADISON AVENUE LAKEWOOD, OH 44107	34-1446497		36,343.	0.			PROGRAM GRANTS
LEAP (LINKING EMPLOYMENT, ABILITIES & - 1469 W 25TH STREET - CLEVELAND, OH 44113	34-1369608		4,476.	0.			DESIGNATIONS
LEAP (LINKING EMPLOYMENT, ABILITIES & - 1468 W 25TH STREET - CLEVELAND, OH 44113	34-1369608		132,589.	0.			PROGRAM GRANTS
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH STREET CLEVELAND, OH 44113	34-0866026		192,440.	0.			PROGRAM GRANTS
LEGAL AID SOCIETY OF CLEVELAND 1223 W 6TH STREET CLEVELAND, OH 44113	34-0866026		46,439.	0.			DESIGNATIONS
LEXINGTON-BELL COMMUNITY CENTER 7724 LEXINGTON AVENUE CLEVELAND, OH 44103	34-1117206		85,990.	0.			PROGRAM GRANTS
LEXINGTON-BELL COMMUNITY CENTER 7724 LEXINGTON AVENUE CLEVELAND, OH 44103	34-1117206		1,876.	0.			DESIGNATIONS
LUTHERAN METROPOLITAN MINISTRY 1468 W 25TH STREET CLEVELAND, OH 44113	34-1043756		21,259.	0.			DESIGNATIONS

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LUTHERAN METROPOLITAN MINISTRY 1468 W 25TH STREET CLEVELAND, OH 44113	34-1043756		249,126.	0.			PROGRAM GRANTS
MAGNOLIA CLUB HOUSE, INC. 11101 MAGNOLIA AVENUE CLEVELAND, OH 44106	52-2441206		23,881.	0.			DESIGNATIONS
MAGNOLIA CLUB HOUSE, INC. 11101 MAGNOLIA AVENUE CLEVELAND, OH 44106	52-2441206		220,344.	0.			PROGRAM GRANTS
MAKE-A-WISH OF GREATER OHIO, KENTUCKY AND INDIANA - 1422 EUCLID AVENUE # 239 - CLEVELAND, OH 44115	34-1471131		6,455.	0.			DESIGNATIONS
MEDICAL RESEARCH CHAR P. O. BOX 79703 BALTIMORE, MD 21279 9703	94-3148591		10,635.	0.			FEDERAL CPN DESIGNATIONS
MENTAL HEALTH SERVICES 1736 SUPERIOR AVENUE CLEVELAND, OH 44114	34-1607734		18,151.	0.			DESIGNATIONS
MENTAL HEALTH SERVICES FOR HOMELESS - 1736 SUPERIOR AVENUE - CLEVELAND, OH 44114	34-1607734		325,569.	0.			PROGRAM GRANTS
METROHEALTH FOUNDATION INC. 2500 METROHEALTH DRIVE CLEVELAND, OH 44109	34-6607695		7,814.	0.			DESIGNATIONS
MILESTONES AUTISM ORGANIZATION 23880 COMMERCE PARK #2 BEACHWOOD, OH 44122	20-0721205		5,687.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING COURT SUITE LARKSPUR, CA 94939	27-2242752		6,315.	0.			FEDERAL CPN DESIGNATIONS
MILITARY VETERANS & PATRIOTIC P O BOX 45766 SAN FRANSICO, CA 94145	94-3193418		37,886.	0.			FEDERAL CPN DESIGNATIONS
MURTIS H. TAYLOR MULTI-SERVICE CENTER - 13422 KINSMAN ROAD - CLEVELAND, OH 44120	23-7158458		7,243.	0.			DESIGNATIONS
MURTIS H. TAYLOR MULTI-SERVICE CENTER - 13422 KINSMAN ROAD - CLEVELAND, OH 44120	23-7158458		257,262.	0.			PROGRAM GRANTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 6155 ROCKSIDE ROAD # 202 - CLEVELAND, OH 44131	34-0801307		6,722.	0.			DESIGNATIONS
NEIGHBORHOOD CENTERS ASSOCIATION 1761 E 30TH STREET # 100 CLEVELAND, OH 44114	34-0714688		150,000.	0.			PROGRAM GRANTS
NEIGHBORHOOD CENTERS ASSOCIATION 1761 E 30TH STREET # 100 CLEVELAND, OH 44114	34-0714688		2,898.	0.			DESIGNATIONS
NEIGHBORHOOD HEALTH CARE, INC. 3569 RIDGE ROAD CLEVELAND, OH 44102	34-1300581		97,518.	0.			PROGRAM GRANTS
NEIGHBORHOOD LEADERSHIP INSTITUTE 1761 E 30TH STREET # 200 CLEVELAND, OH 44114	01-0621494		1,592.	0.			DESIGNATIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD LEADERSHIP INSTITUTE 1761 E 30TH STREET # 200 CLEVELAND, OH 44114	01-0621494		67,843.	0.			PROGRAM GRANTS
NEW DIRECTIONS INC. 30800 CHAGRIN BOULEVARD CLEVELAND, OH 44124	34-1313806		10,199.	0.			DESIGNATIONS
NEW DIRECTIONS, INC. 30800 CHAGRIN BOULEVARD CLEVELAND, OH 44124	34-1313806		86,598.	0.			PROGRAM GRANTS
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE # 204 LAKEWOOD, OH 44107	34-1536257		35,049.	0.			DESIGNATIONS
NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE # 204 LAKEWOOD, OH 44107	34-1536257		67,352.	0.			PROGRAM GRANTS
NORTHERN OHIO HEMOPHILIA FOUNDATION - 4807 ROCKSIDE ROAD # 380 - CLEVELAND, OH 44131	34-1018501		82,746.	0.			PROGRAM GRANTS
NORTHERN OHIO HEMOPHILIA FOUNDATION - 4807 ROCKSIDE ROAD # 380 - CLEVELAND, OH 44131	34-1018501		2,026.	0.			DESIGNATIONS
NUEVA LUZ URBAN RESOURCE CENTER 2226 WEST 89TH STREET CLEVELAND, OH 44102	34-1972937		34,914.	0.			PROGRAM GRANTS
OHIO UNITED WAY 395 EAST BROAD STREET #320 COLUMBUS, OH 43215	31-4379529		119,139.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORCA HOUSE, INC. 1909 E 89TH STREET CLEVELAND, OH 44106	34-6579390		2,330.	0.			DESIGNATIONS
ORCA HOUSE, INC. 1909 E 89TH STREET CLEVELAND, OH 44106	34-6579390		8,560.	0.			PROGRAM GRANTS
PARMA HOSPITAL HEALTHCARE FOUNDATION - 7007 POWERS BOULEVARD - PARMA, OH 44129	34-0827442		12,669.	0.			DESIGNATIONS
PHILLIS WHEATLEY ASSOCIATION 4450 CEDAR AVENUE CLEVELAND, OH 44103	34-0714787		20,206.	0.			PROGRAM GRANTS
PHILLIS WHEATLEY ASSOCIATION 4450 CEDAR AVENUE CLEVELAND, OH 44103	34-0714787		4,678.	0.			DESIGNATIONS
PLANNED PARENTHOOD OF NE OH 444 W EXCHANGE STREET AKRON, OH 44302	34-1015976		35,690.	0.			DESIGNATIONS
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVENUE CLEVELAND, OH 44115	34-1127919		98,195.	0.			PROGRAM GRANTS
POSITIVE EDUCATION PROGRAM 3100 EUCLID AVENUE CLEVELAND, OH 44115	34-1127219		17,433.	0.			DESIGNATIONS
POSTAL EMPLOYEES RELIEF FUND P O BOX 34500 WASHINGTON, DC 20043-4500	52-1666010		8,908.	0.			FEDERAL CPN DESIGNATIONS

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

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PROJECT LEARN 2728 EUCLID AVENUE # 200 CLEVELAND, OH 44115	34-1664385		13,349.	0.			DESIGNATIONS
PROJECT LEARN 2728 EUCLID AVENUE # 200 CLEVELAND, OH 44115	34-1664385		47,148.	0.			PROGRAM GRANTS
PROVIDENCE HOUSE, INC. 2037 W 32ND STREET CLEVELAND, OH 44113	34-1336325		11,214.	0.			DESIGNATIONS
RAINBOW BABIES & CHILDRENS HOSPITAL - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-1567805		7,936.	0.			DESIGNATIONS
RAVENWOOD MENTAL HEALTH CENTER 12557 RAVENWOOD DRIVE CHARDON, OH 44024	34-6573631		98,000.	0.			PROGRAM GRANTS
RAVENWOOD MENTAL HEALTH CENTER 12557 RAVENWOOD DRIVE CHARDON, OH 44024	34-6573631		3,386.	0.			DESIGNATIONS
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	34-1211116		125,086.	0.			PROGRAM GRANTS
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	34-1211116		21,305.	0.			DESIGNATIONS
RISING STAR LEARNING CENTER PO BOX 5095 MENTOR, OH 44061	02-0776965		9,006.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE OF CLEVELAND 10415 EUCLID AVENUE CLEVELAND, OH 44106	34-1269123		8,252.	0.			DESIGNATIONS
ROSE-MARY CENTER 19350 EUCLID AVENUE CLEVELAND, OH 44117	34-1267579		19,023.	0.			DESIGNATIONS
SALVATION ARMY - GCAS 1710 PROSPECT AVENUE CLEVELAND, OH 44115	34-0714378		90,774.	0.			DESIGNATIONS
SALVATION ARMY OF GR CLEVE 1710 PROSPECT AVENUE CLEVELAND, OH 44115	34-0714378		430,371.	0.			PROGRAM GRANTS
SENIOR CITIZEN RESOURCES, INC. 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212		6,794.	0.			DESIGNATIONS
SENIOR CITIZEN RESOURCES, INC. 3100 DEVONSHIRE ROAD CLEVELAND, OH 44109	34-1098212		58,694.	0.			PROGRAM GRANTS
SENIOR OUTREACH SERVICES INC 2390 E 79TH STREET CLEVELAND, OH 44104	34-1346752		469.	0.			DESIGNATIONS
SENIOR OUTREACH SERVICES, INC. 2390 E 79TH STREET CLEVELAND, OH 44104	34-1346752		86,598.	0.			PROGRAM GRANTS
SOUTHWEST COMMUNITY HEALTH SYSTEM 18697 E BAGLEY ROAD MIDDLEBURG HEIGHTS, OH 44130	34-0753531		18,075.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVENUE CLEVELAND, OH 44113	34-1028559		2,133.	0.			DESIGNATIONS
SPANISH AMERICAN COMMITTEE 4407 LORAIN AVENUE CLEVELAND, OH 44113	34-1028559		47,148.	0.			PROGRAM GRANTS
ST. VINCENT CHARITY MEDICAL CENTER 2351 E 22ND STREET CLEVELAND, OH 44115	34-1893452		14,367.	0.			DESIGNATIONS
STARTING POINT 4600 EUCLID AVENUE # 500 CLEVELAND, OH 44103	34-1650004		193,978.	0.			PROGRAM GRANTS
STARTING POINT FOR CHILD CARE AND EARLY EDUCATION - 4600 EUCLID AVENUE # 500 - CLEVELAND, OH 44103	34-1650004		5,171.	0.			DESIGNATIONS
THE BENJAMIN ROSE INSTITUTE 11900 FAIRHILL ROAD # 300 CLEVELAND, OH 44120	34-0714482		7,415.	0.			DESIGNATIONS
THE COVENANT INC. 1515 W 29TH STREET CLEVELAND, OH 44113	34-1809175		4,798.	0.			DESIGNATIONS
THE COVENANT, INC 1515 W 29TH STREET CLEVELAND, OH 44113	34-1809175		27,400.	0.			PROGRAM GRANTS
THE GATHERING PLACE 23300 COMMERCE PARK DRIVE CLEVELAND, OH 44122	34-1879035		8,604.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
THE RAINEY INSTITUTE 1523 E 55TH STREET CLEVELAND, OH 44103	34-6555952		12,899.	0.			DESIGNATIONS
THE RAINEY INSTITUTE 1523 E 55TH STREET CLEVELAND, OH 44103	34-6555952		46,480.	0.			PROGRAM GRANTS
TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVENUE # 300 CLEVELAND, OH 44115	34-1578831		28,919.	0.			DESIGNATIONS
TOWARDS EMPLOYMENT, INC. 1255 EUCLID AVENUE # 300 CLEVELAND, OH 44115	34-1578831		141,443.	0.			PROGRAM GRANTS
TRANSITIONAL HOUSING INC. 1545 W 25TH STREET CLEVELAND, OH 44113	34-1424555		12,841.	0.			DESIGNATIONS
TRANSITIONAL HOUSING, INC. 1545 W 25TH STREET CLEVELAND, OH 44113	34-1424555		48,110.	0.			PROGRAM GRANTS
UNITED BLACK FUND OF GREATER CLEVELAND - 1621 EUCLID AVENUE # 830 - CLEVELAND, OH 44115	34-1366892		7,002.	0.			DESIGNATIONS
UNITED BLACK FUND OF GREATER CLEVELAND - 1621 EUCLID AVENUE # 830 - CLEVELAND, OH 44115	34-1366892		704,522.	0.			PROGRAM GRANTS
UNITED CEREBRAL PALSY ASSN OF GREATER CLEVELAND - 10011 EUCLID AVENUE - CLEVELAND, OH 44106	34-0753561		46,447.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CEREBRAL PALSY ASSN OF GREATER CLEVELAND - 10011 EUCLID AVENUE - CLEVELAND, OH 44106	34-0753561		273,274.	0.			PROGRAM GRANTS
UNITED LABOR AGENCY, INC. 3328 CARNEGIE AVENUE CLEVELAND, OH 44115	23-7180005		55,327.	0.			PROGRAM GRANTS
UNITED NEGRO COLLEGE FUND LOCAL 2000 AUBURN DIRVE, SUITE 200 CLEVELAND, OH 44122	13-1624241		6,963.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY - 1875 N RIDGE ROAD E # H - LORAIN, OH 44055	34-1011104		14,242.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER LORAIN COUNTY - 1875 N RIDGE ROAD E # H - LORAIN, OH 44055	34-1011104		58,920.	0.			DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE NW CANTON, OH 44718	13-4254191		4,515.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF GREATER STARK COUNTY 4825 HIGBEE AVENUE NW CANTON, OH 44718	13-4254191		6,894.	0.			DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		4,619.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF LAKE COUNTY 9285 PROGRESS PARKWAY MENTOR, OH 44060	34-1105038		853,428.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF MEDINA 704 N. COURT STREET MEDINA, OH 44256	23-7110762		1,007.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF MEDINA COUNTY 704 N COURT STREET MEDINA, OH 44256	23-7110762		49,482.	0.			DESIGNATIONS
UNITED WAY OF PORTAGE COUNTY PO BOX 845 RAVENNA, OH 44266	34-1024769		12,869.	0.			DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY 90 N. PROSPECT STREET AKRON, OH 44309-1260	34-1169257		16,439.	0.			FEDERAL CPN DESIGNATIONS
UNITED WAY OF SUMMIT COUNTY PO BOX 1260 AKRON, OH 44309	34-1169257		91,338.	0.			DESIGNATIONS
UNIVERSITY HOSPITALS CASE MEDICAL CENTER - 11100 EUCLID AVENUE - CLEVELAND, OH 44106	34-0714775		99,610.	0.			DESIGNATIONS
UNIVERSITY HOSPITALS GEAUGA MEDICAL CENTER - 13207 RAVENNA ROAD - CHARDON, OH 44024	34-0816492		15,000.	0.			PROGRAM GRANTS
UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND, OH 44127	34-0714776		206,415.	0.			PROGRAM GRANTS
UNIVERSITY SETTLEMENT 4800 BROADWAY AVENUE CLEVELAND, OH 44127	34-0714776		11,334.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563		6,786.	0.			DESIGNATIONS
URBAN LEAGUE OF GREATER CLEVELAND 2930 PROSPECT AVENUE CLEVELAND, OH 44115	34-0720563		171,272.	0.			PROGRAM GRANTS
VISITING NURSE ASSOCIATION OF OHIO 2500 E 22ND STREET CLEVELAND, OH 44115	34-0714722		12,646.	0.			DESIGNATIONS
VISITING NURSE ASSOCIATION OF OHIO 2500 E 22ND STREET CLEVELAND, OH 44115	34-0714722		142,399.	0.			PROGRAM GRANTS
VOCATIONAL GUIDANCE SERVICES 2239 E 55TH STREET CLEVELAND, OH 44103	34-0714650		238,404.	0.			PROGRAM GRANTS
VOCATIONAL GUIDANCE SERVICES 2239 E 55TH STREET CLEVELAND, OH 44103	34-0714650		32,651.	0.			DESIGNATIONS
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVENUE CLEVELAND, OH 44115	34-1941907		2,995.	0.			DESIGNATIONS
VOICES FOR OHIO'S CHILDREN 3634 EUCLID AVENUE CLEVELAND, OH 44115	34-1941907		24,055.	0.			PROGRAM GRANTS
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687		67,537.	0.			DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND, OH 44113	34-1244687		144,333.	0.			PROGRAM GRANTS
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820		3,050.	0.			DESIGNATIONS
WEST SIDE COMMUNITY HOUSE 9300 LORAIN AVENUE CLEVELAND, OH 44102	34-0714820		94,736.	0.			PROGRAM GRANTS
WEST SIDE ECUMENICAL MINISTRY 5209 DETROIT AVENUE CLEVELAND, OH 44102	23-7034175		300,283.	0.			PROGRAM GRANTS
WEST SIDE ECUMENICAL MINISTRY 5209 DETROIT AVENUE CLEVELAND, OH 44102	23-7034175		11,521.	0.			DESIGNATIONS
WOMANKIND INC. 5400 TRANSPORTATION BOULEVARD GARFIELD HEIGHTS, OH 44125	51-0168651		11,178.	0.			DESIGNATIONS
WOMEN'S CENTER OF GREATER CLEVELAND - 6209 STORER AVENUE - CLEVELAND, OH 44102	34-1496171		43,299.	0.			PROGRAM GRANTS
WOMENSAFE, INC. 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527		18,057.	0.			DESIGNATIONS
WOMENSAFE, INC. 12041 RAVENNA ROAD CHARDON, OH 44024	34-1341527		60,000.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Y M C A OF GREATER CLEVELAND 2200 PROSPECT AVENUE # 900 CLEVELAND, OH 44115	34-0714728		23,245.	0.			DESIGNATIONS
Y W C A OF GREATER CLEVELAND 4019 PROSPECT AVENUE CLEVELAND, OH 44103	34-0714800		15,018.	0.			DESIGNATIONS
Y W C A OF GREATER CLEVELAND 4019 PROSPECT AVENUE CLEVELAND, OH 44103	34-0714800		56,688.	0.			PROGRAM GRANTS
YOUNGSTOWN/MAHONING VALLEY UNITED WAY - 255 WATT STREET - YOUNGSTOWN, OH 44505	34-0714598		6,204.	0.			FEDERAL CPN DESIGNATIONS
YOUTH CHALLENGE 800 SHARON DRIVE WESTLAKE, OH 44145	34-1396825		12,077.	0.			DESIGNATIONS
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	34-1381135		190,516.	0.			PROGRAM GRANTS
YOUTH OPPORTUNITIES UNLIMITED 1361 EUCLID AVENUE CLEVELAND, OH 44115	34-1381135		28,596.	0.			DESIGNATIONS
WESTERN RESERVE AREA AGENCY ON AGING - 925 EUCLID AVENUE, STE 600 - CLEVELAND, OH 44115	34-1620774		6,320.	0.			PROGRAM GRANTS PROGRAM GRANTS
CITY OF CHARDON 111 WATER STREET CHARDON, OH 44024	34-6000586		60,000.	0.			PROGRAM GRANTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARDON ADMINISTRATION 428 NORTH STREET CHARDON, OH 44024	34-6000583		15,834.	0.			PROGRAM GRANTS

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. Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FAMILIES IMPACTED BY THE CHARDON HS SHOOTING.	0	46,718.	0.		

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

PART I, LINE 2:

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

PART III:

EXPLANATION: IN EARLY 2012, A SHOOTING OCCURRED AT A HIGH SCHOOL IN

Part IV Supplemental Information

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

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

Part I Questions Regarding Compensation

			Yes	No
1a	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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	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			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	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	7		X
8	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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2013

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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 EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total					▶ $							

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
CAROL E. RIVCHUN, BOARD ME	ON BOARD OF UNITED	190,516.	GRANT TO YO		X
CAROL E. RIVCHUN, BOARD ME	ON BOARD OF UNITED	28,596.	DONOR DESIG		X
CAROL E. RIVCHUN, BOARD ME	ON BOARD OF UNITED	30,807.	RENT RECEIV		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CAROL E. RIVCHUN, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ON BOARD OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED

(D) DESCRIPTION OF TRANSACTION: GRANT TO YOUTH OPPORTUNITIES UNLIMITED

(A) NAME OF PERSON: CAROL E. RIVCHUN, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ON BOARD OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED

(D) DESCRIPTION OF TRANSACTION: DONOR DESIGNATIONS

(A) NAME OF PERSON: CAROL E. RIVCHUN, BOARD MEMBER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ON BOARD OF UNITED WAY AND EXEC DIR OF YOUTH OPPORTUNITIES UNLIMITED

(D) DESCRIPTION OF TRANSACTION: RENT RECEIVED FROM YOUTH OPPORTUNITIES UNLIMITED

SCHEDULE L PART IV

MS. RIVCHUN SERVES ON THE UNITED WAY BOARD IN THE CAPACITY OF REPRESENTING THE INTERESTS OF THE FUNDED AGENCIES. THE FUNDING OF THE

Part V **Supplemental Information**

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

AGENCY AND TENANCY PREDATES MS. RIVCHUN'S BOARD MEMBERSHIP.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER CLEVELAND

Employer identification number: 34-6516654

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	13	237,780.	AVG HIGH/LOW GIFT DA
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

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

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

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

- SUPPORT FOR REFUGEES AND IMMIGRANTS TO HELP THEM ADJUST TO OUR COMMUNITY

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

INDIVIDUALS WITH OR AT RISK OF MENTAL ILLNESS

- SOCIALIZATION, SUPPORT SERVICES AND TRANSPORTATION FOR SENIORS

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

1.) EXPENSES - $1,008,137, GRANTS - $0, REVENUES - $185,620

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

2.) EXPENSES - $279,865, GRANTS - $0, REVENUES - $231,685

- 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).

Name of the organization: UNITED WAY OF GREATER CLEVELAND

Employer identification number: 34-6516654

3.) EXPENSES - $358,068, GRANTS - $0, REVENUES - $4,961

- 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.

4.) EXPENSES - $129,317, GRANTS $0, REVENUES - $136,156

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

5.) EXPENSES $11,282,292, GRANTS - $10,853,700, REVENUE - $169,763

- UNITED WAY PROVIDES FUNDING FOR CAPACITY BUILDING AND COMMUNITY IMPACT. IT IS IMPORTANT FOR NON PROFITS TO BE STRONG SO THAT A COMMUNITY CAN MAINTAIN ITS SAFETY NET AND UNITED WAY FUNDING HELPS TO ASSURE THIS. DONORS ALSO HAVE THE DISCRETION TO DIRECT A PART OF THEIR DONATION AND,IN THE FIRST SIX MONTHS OF 2013, DONORS DIRECTED 3.2 MILLION TO HEALTH AND HUMAN SERVICES AT OTHER NON-PROFIT AGENCIES WHICH MAY OR MAY NOT BE UNITED WAY PARTNERS. UNITED WAY ALSO FUNDS CATHOLIC CHARITIES, THE JEWISH COMMUNITY FEDERATION AND UNITED BLACK FUND FOR A TOTAL OF APPROXIMATELY $3.9 MILLION.

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

EXPENSES $ 13,064,679. INCL GRANTS OF $ 10,853,700. REVENUE $ 728,185.

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

EXPLANATION: THE IRS FORM 990 IS FIRST REVIEWED BY THE UNITED WAY EXECUTIVE COMMITTEE. ONCE APPROVED, A COPY OF THE FULL 990 IS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

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

EXPLANATION: UNITED WAY OF GREATER CLEVELAND HAS ALL BOARD MEMBERS AND EMPLOYEES 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:

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

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

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

PART VII, LINE 1A: SHORT YEAR REPORTING

EXPLANATION: THIS RETURN COVERS THE 6 MONTH PERIOD OF 01/01/2013

Name of the organization: UNITED WAY OF GREATER CLEVELAND

Employer identification number: 34-6516654

THROUGH 06/30/2013. SINCE THE ORGANIZATION DID NOT ISSUE ANY FORMS W-2 OR 1099-MISC DURING THE REPORTING PERIOD, NO COMPENSATION INFORMATION HAS BEEN INCLUDED ON PART VII OR SCHEDULE J. THE COMPENSATION REPORTED ON THE 2013 FORMS W-2 AND 1099-MISC WILL BE REPORTED ON THE 990 FILED FOR THE PERIOD OF 07/01/2013 THROUGH 06/30/2014.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER CLEVELAND

Employer identification number

34-6516654

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

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

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

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

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

Schedule R (Form 990) 2013

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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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K 1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
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 or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	UNITED WAY OF GEAUGA COUNTY (20-5575556) - RECEIVES DONOR DIRECTED GRANTS	B	41,466.	ACTUAL
(2)	CLEVELAND COMMUNITY FUND (34-0714586) - GRANTS TO SUPPORT UW, GR. CLEVELAND	C	132,710.	ACTUAL
(3)	UNITED WAY OF GEAUGA COUNTY (20-5575556) GROUP RULLING 5378 ALL OPERATIONS	K	0.	ALL ACTIVITY INCLUDES K, M, N + P
(4)	UNITED WAY OF GEAUGA COUNTY (20-5575556) ALL FINANCIAL ACT. CLEVELAND	R	0.	ALL ACTIVITY
(5)	YOUTH OPPORTUNITIES UNLIMITED - UW GRANTEE ORGANIZATION RENTS SPACE	B	30,807.	ACTUAL
(6)				

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

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

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

Schedule R (Form 990) 2013

Part VII Supplemental Information

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W 2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BETH E. MOONEY TRUSTEE	1.00	X								
(28) JAMES B. NIEHAUS TRUSTEE	1.00	X								
(29) ROBERT E. PAPONETTI TRUSTEE	1.00	X								
(30) DENISE POLVERINE TRUSTEE	1.00	X								
(31) DAVID J. QUOLKE TRUSTEE	1.00	X								
(32) CHARLES A. RATNER TRUSTEE	1.00	X								
(33) JOHN M. SAADA, JR TRUSTEE	1.00	X								
(34) BEVERLY J. SCHNEIDER TRUSTEE	1.00	X								
(35) BAIJU R. SHAH TRUSTEE	1.00	X								
(36) JOHN E. SKORY TRUSTEE	1.00	X								
(37) GREGORY L. STEFANI TRUSTEE	1.00	X								
(38) BROOKE SPECTORSKY TRUSTEE	1.00	X								
(39) STEPHEN J. SQUERI TRUSTEE	1.00	X								
(40) GERALD A. STADLER TRUSTEE	1.00	X								
(41) ELEANOR B. STEIGMAN TRUSTEE	1.00	X								
(42) SALLY STEWART TRUSTEE	1.00	X								
(43) TERRY STEWART 2013 CPN CO CHAIR	4.00	X								
(44) MARYROSE T. SYLVESTER TRUSTEE	1.00	X								
(45) FELTON THOMAS, JR TRUSTEE	1.00	X								
(46) JERRY SUE THORNTON, PHD TRUSTEE	1.00	X								
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) NINA TURNER TRUSTEE	1.00	X								
(48) MIGUEL ZUBIZARRETTA TRUSTEE	1.00	X								
(49) KEITH J. LIBMAN TRUSTEE	1.00	X								
(50) JOE LOPEZ TRUSTEE	1.00	X								
(51) DEBORAH Z. READ CHAIR, BOARD DEVELOPMENT	2.00	X								
(52) ROBERT S. REITMAN TRUSTEE	1.00	X								
(53) CAROL E. RIVCHUN TRUSTEE	1.00	X								
(54) ENID B. ROSENBERG TRUSTEE	1.00	X								
(55) DANIEL P. WALSH TRUSTEE	1.00	X								
(56) ZEV WEISS TRUSTEE	1.00	X								
(57) ELIZA WING TRUSTEE	1.00	X								
(58) DEE BAGWELL HASLAM TRUSTEE	1.00	X								
(59) DONET GRAVES, ESQ TRUSTEE	1.00	X								
(60) MYLAYNA ALBRIGHT TRUSTEE	1.00	X								
(61) HARRIET APPLEGATE TRUSTEE	1.00	X								
(62) JENNIFER M. BELL TRUSTEE	1.00	X								
(63) RONALD M. BERKMAN PH.D TRUSTEE	1.00	X								
(64) JOSEPH A. CALABRESE TRUSTEE	1.00	X								
(65) JOSEPH L. CARBALLADA TRUSTEE	1.00	X								
(66) RICK CHIRICOSTA TRUSTEE	1.00	X								
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) JOSEPH M CICERO, JR. TRUSTEE	1.00	X								
(68) JOSEPH M. CIMPERMAN TRUSTEE	1.00	X								
(69) ROBERT C. HELMER, PH.D TRUSTEE	1.00	X								
(70) JERROLD F. WAREHAM TRUSTEE	1.00	X								
(71) JOSEPH SWEENEY TRUSTEE	1.00	X								
(72) PAUL CLARK CHAIRMAN OF THE BOARD	4.00			X						
(73) JERRY L. KELSHEIMER CHAIR OF ADMINISTRATION	2.00			X						
(74) ROBERT C. SMITH CHAIR HUMAN RESOURCES	2.00			X						
(75) WILLIAM J. KITSON, III PRESIDENT & CEO	40.00			X						
(76) MICHAEL E. HEADEN CFO	40.00			X						
(77) MARY T. SEDLACEK DIRECTOR OPERATIONS	40.00			X						
(78) TRACI L. JADLOS VP COMMUNITY IMPACT	40.00			X						
(79) KATHLEEN G. VOROBEL VP RESOURCE DEVELOPMENT	40.00			X						
(80) THOMAS W. ADLER CHAIR PLANNED GIVING	2.00			X						
(81) K. MICHAEL BENZ PRESIDENT & CEO-RETIRED	0.00			X						
(82) STEVEN R. BORSTEIN CHAIR COMM INVEST	2.00			X						
(83) RICHARD J. BUONCORE CHAIR STRATEGIC PLANNING	2.00			X						
(84) MARC S. BYRNES CHAIR DONOR RELATIONS	2.00			X						
(85) SUZANNE L. BLOOMFIELD VP HUMAN RESOURCES	40.00			X						
(86) JASON R. DANIELS EVP & CHIEF STRATEGY OFFICER	40.00			X						
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(87) JENNA SNYDER VP COMMUNITY ENGAGEMENT	40.00			X						
Total to Part VII, Section A, line 1c										

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