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EXTENSION GRANTED TO NOVEMBER 17, 2014

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning and	ending						
B c	heck if	C Name of organization		D Employer identifica	ation number				
а	pplicable	THE UNITED WAY OF YOUNGSTOWN AND THE							
	_Addres _change	MAHONING VALLEY							
X	Name change	Doing Business As		34-0714598					
	Instial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
F	Termin ated	1		330-746-8494					
	Amend			G Gross receipts \$	2,913,571.				
	Application	H(a) Is this a group reti	urn						
	pendin	F Name and address of principal officer ROBERT P HANNON		for subordinates?	Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No				
II	ax-exe	mpt status X 501(c)(3)	or 527	If "No," attach a lis	st (see instructions)				
		e: NWW.YMVUNITEDWAY.ORG		H(c) Group exemption	number_				
KF	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 1919 M	State of legal domicile: OH				
		Summary	·	· .					
-	1	Briefly describe the organization's mission or most significant activities UNIT	ED WAY	HELPS ALL O	F US				
Governance		REALIZE OUR VISION FOR A STRONG, HEALTHY							
'n	-	Check this box if the organization discontinued its operations or dispose							
š		Number of voting members of the governing body (Part VI, line 1a)		3	19				
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	19				
oδ Ω		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	14				
iţie		Total number of volunteers (estimate if necessary)		6	250				
Activities &	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
ĕ	I	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
		Not difficulted business taxasis into the month of the cool, into or		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,103,401.	2,065,966.				
Revenue	l	Program service revenue (Part VIII, line 2g)		0.	0.				
. e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78,423.	198,937.				
_ . &_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		142,882.	142,578.				
ر دیا	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,324,706.	2,407,481.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,596,190.	1,567,305.				
. ,	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)=		544,930.	451,788.				
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	7 -	0.	0.				
ē	loa	Total fundraising expenses (Part IX, column (A), line 25)	·." 97						
ă	4.7 D		91.	177,651. 163,944					
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,5 2014 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	2,318,771.	2,183,037.				
			 	5,935.					
_s	19	Revenue less expenses Subtract line 18 from line 12	-		224,444.				
Net Assets or Fund Balances		T 1 1 2 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2	B	eginning of Current Year 7,427,096.	End of Year				
Sse	20	Total assets (Part X, line 16)	-		8,119,147.				
in d	21	Total liabilities (Part X, line 26)		1,084,280.	1,178,706. 6,940,441.				
		Net assets or fund balances. Subtract line 21 from line 20		6,342,816.	0,940,441.				
_	art II	Signature Block			leading and halist it is				
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r nas any knowledge.					
		Signature of officer		Date , , ,					
Sig	n			Date 11./L	1/4				
Her	e	ROBERT P HANNON, PRESIDENT		11-11					
		Type or print name and title	т	Date _ Check	TI PTIN				
	_	Print/Type preparer's name Preparer's gnyfure	/ 00		- ³				
Paid		RICHARD A. SCHAFER	,CPA	sett-employed					
	parer	Firm's name PACKER THOMAS		Firm's EIN	34-1667340				
Use Only Firm's address 6601 WESTFORD PLACE, SUITE 101									
		CANFIELD, OH 44406		Phone no. (3 3	0)533-9777				
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2013)				

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Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	THE UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY SEEKS TO BE THE
	DRIVING FORCE BEHIND SUSTAINED IMPROVEMENT IN THE LIVES OF ALL OUR
	CITIZENS, THROUGH INITIATIVES THAT PROMOTE EDUCATION, INCOME, HEALTH,
	AND COMMUNITY SUPPORT SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 1,900,556. including grants of \$ 1,567,305.) (Revenue \$)
70	THE UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY DOES NOT PROVIDE
	PROGRAM SERVICES DIRECTLY. IT RAISES MONEY WHICH A COMMITTEE OF
	VOLUNTEERS ALLOCATES TO THE AGENCIES LISTED IN SCHEDULE I. WE HAVE A
	PLANNING AND COMMUNITY SERVICES DEPARTMENT THAT CONTINUOUSLY ASSESSES
	AND ATTEMPTS TO MEET THE AREA'S SOCIAL SERVICE NEEDS.
4b	(Code) (Expenses \$) (Revenue \$)
4c	(Code) (Expenses \$
	Other program services (Describe in Schedule O)
- 7U	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,900,556.
<u>4e</u>	Form 990 (2013)
	Form 990 (2013)

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Form 990 (2013) MAHONING VAL
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_	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3.7
_	public office? If "Yes," complete Schedule C, Part I	3_		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		i	X
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_5_		
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
	Schedule D, Part III	8		Х
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		<u> </u>
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, VIII, IX, or X			
	as applicable			
а	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44-		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
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,	1		
	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		<u> </u>
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			٠,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
47	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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2013)

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Part IV | Checklist of Required Schedules (continued) 34-0714598 Page 4

	•		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 19 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		<u> </u>
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		
С	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		
	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		Х
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		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Ű.	Schedule N, Part II	32		х
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		х
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		Х
353	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000	_	
30	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	-30		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>	 	<u> </u>
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Note: All Form 339 mais are required to complete objecture o		990	/2013

Form	990 (2013) MAHONING VALLEY 34-0714	598	Р	age 5
Par				
	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 3		-	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			l
	(gambling) winnings to prize winners?	1c	X	ĺ
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 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
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			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	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).			
а	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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			l
	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.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			1
а	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)			
	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
þ	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			
С	Enter the amount of reserves on hand			
	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	000	(00.55)
		Form	990	(2013)

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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
Sec	tion 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 19		i	
	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.			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 19			
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	Х	
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:			
а	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
<u>Sec</u>	tion 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
þ	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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	<u>X</u>	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		<u> </u>
	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		<u> X</u>
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			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled 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) a	ıvallab	ie	
	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)	. e.	•	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	a finar	icial	
^^	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ion 🏲	_	
	ASHLEY A KUHN - 330-746-8494			
	255 WATT STREET, YOUNGSTOWN, OH 44505-3049			

Form 990 (2013)

MAHONING VALLEY

34-0714598

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average			Pos				(D) Reportable	(E) Reportable	(F) Estimated	
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of	
	week (list any hours for related organizations below line)	stee or director	a) trustee	Officer B		Highest compensated carployee	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) WILLIAM M PADISAK	2.00	_					_				
PAST CHAIR		X		X				0.	0.	0	
(2) GARRY L MROZEK	2.00										
VICE CHAIR		X	L.	X	L			0.	0.	0	
(3) SARAH BROWN-CLARK	3.00										
CHAIR		X		X				0.	0.	0	
(4) PARKER T MCHENRY	2.00										
BOARD MEMBER		X						0.	0.	0	
(5) RICHARD E DENAMEN	2.00										
BOARD MEMBER		X						0.	0.	0	
(6) LARRY G FAUVER	2.00							_	_	_	
BOARD MEMBER		X	_				<u> </u>	0.	0.	0	
(7) JAMES B GREENE	2.00	ļ								_	
BOARD MEMBER		X	_			_		0.	0.	0	
(8) STEVEN P HANOUSEK	2.00	ļ								_	
BOARD MEMBER		X	_	_		-		0.	0.	0	
(9) NEIL J KABACK	2.00									•	
BOARD MEMBER	2.00	X	-					0.	0.	0	
(10) LAURA A LYDEN	2.00	3,5							_		
BOARD MEMBER	2 00	X				 		0.	0.	0	
(11) JULIE MICHAEL-SMITH	2.00	x						0.	0.	,	
BOARD MEMBER	2.00	^				 		0.	<u>_ </u>	0	
(12) MARY NOVAK	2.00	x		x			l	0.	0.	0	
SECRETARY	2.00	<u> </u>		<u> </u>		1					
(13) DAVID H TURNER BOARD MEMBER	2.00	X						0.	0.	0	
(14) DENISE E STEWART	2.00	12.				1		-	•		
BOARD MEMBER	2.00	X						0.	0.	0	
(15) ALAN D WENGER	2.00	-			<u> </u>		-	<u> </u>			
BOARD MEMBER	2,50	X		1				0.	0.	0	
(16) DAVID LUCIDO	3.00	† <u></u>				1	-	<u> </u>			
TREASURER		x		х				0.	0.	0	
(17) KEVIN Y T CHIU	2.00										
BOARD MEMBER		X		l	l	1	l	0.	0.	0	

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3	4 –	0	7	1	4	5	9	8	Page

Name and title Average hours per week (list any hours for related organizations below line) (18) THEODORE M SCHMIDT BOARD MEMBER Average hours per week (list and the compensation officer and a director/trustee) Average hours per week (list any hours for related organizations below line) X Average hours per week (list any hours for related organizations below line) X Average hours per week (list any hours for related organizations below line) X Average hours per week (list any hours for related organization should be an addition of from the organization (W·2/1099-MISC) Average hours per week (list any hours for related organization should be an addition of from the organization (W·2/1099-MISC) Average hours per week (list any hours for related organization should be a solution of from the organization and related organizations) Average hours per week (list any hours for related organization) Average hours per week (list any hours for related organization) Average hours than one box, unless person is both an officer and a director/trustee) Average hours than one compensation from related organization (W·2/1099-MISC) Average hours than one compensation from related organization (W·2/1099-MISC) Average hours than one compensation from when organization (W·2/1099-MISC) Average hours than one compensation from the organization (W·2/1099-MISC) Average hours than one compensation from the organization organization organization and related organizations Average hours than one compensation from the organization (W·2/1099-MISC) Average hours than one compensation from the organization (W·2/1099-MISC) Average hours than one compensation from the organization organizat	Part VII Section A. Officers, Directors, T	1	ploy	/ees			ghe	st C			(=)
Note Personal Part Note Personal Part Note Personal Part Persona	` (A)	(B)			•	•	1		(D)	(E)	(F)
(list) THEODORE M SCIENTOT 2.00 X 0 0 0 0 0 0 0 0	Name and title	1		do not check ma			than		· .	·	1
Nours for related organizations Section Page										,	
10 THEODORE M SCIMITOT 2.00 X 0.0.0.0.0 0		1 '	ector	ĺ		1				-	
10 SUB-THEODORE M SCIMITOT 2.00 X		i	o di	9			sated		_	(W-2/1099-MISC)	
10 THEODORE M SCIMIDT 2.00 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0		I	rustee	l trust		a	i e i		(W-2/1099-MISC)		_
10 THEODORE M SCIMIDT 2.00 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0		1 -	dualt	utiona		를	st co	55			
(18) TRIBODORE M SCHILTE 2.00 X 0.0.0.0.0 30 BRIAN F KOLENICH 2.00 X 0.0.0.0 40 BRIAN F KOLENICH 2.00 X 0.0.0.0 50 BRIAN F KOL		line)	₽	Instit	Office	Key e	를를	Ferm			
(19) BEAIN F KOLENICH BOARD MEMBER 40.00 10	(18) THEODORE M SCHMIDT	2.00							, ,		
16 Sub-total	BOARD MEMBER		X			_			0.	0.	C
1b Sub-total	(19) BRIAN F KOLENICH	2.00	l							•	
1b Sub-total	BOARD MEMBER	40.00	X	-			-		0.	<u> </u>	
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 list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a² // 1² /²es², complete Schedule / for such individual and related organization is line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? // 1² /²es², complete Schedule / 16° such individual and related organizations greater than \$150,000? // 1² /²es², complete Schedule / 16° such individual schedule // 16° such i		40.00	$\{$		v				95 300	0	15 900
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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 Interest No Interest No. In 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 issed 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 is and related organization or 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 Section B. Independent Contractors 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 NONE Description of services Compensation Compensation Compensation		t VII, Section A									
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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) (B) (C) (Compensation Name and business address NONE (B) (C) (Compensation of services). Description of services. (A) (B) (C) (Compensation (C) (Compensation of services). Description of services. (Compensation (C)	· ·	·				-		eıat	ed organization or indivi	dual for services	_ ,
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Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than											(C)
	Name and busin	ess address	N	ONI	E				Description of s	ervices (
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								_			
								ļ			
		·									
\$100,000 of compensation from the organization 0	2 Total number of independent contractor	ors (including but r	not l	mite	d to	tho	se li	stec	above) who received m	nore than	
	\$100,000 of compensation from the ord	ganization					0_				

MAHONING VALLEY

Pa	t VII	Statement of Rever	nue					
		· Check if Schedule O cont	tains a response	or note to any li				
	•				(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	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and its and its	065,966. 25,316.				
<u>a Ö</u>	h	Total. Add lines 1a-1f	.=		2,065,966.			<u> </u>
Program Service Revenue	2 a b c d			Business Code				
4	f	All other program service reve	enue					
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (including other similar amounts)		•	104,101.			104,101.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(ii) Personal			·	
	С		William	(ii) r oreeria				
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss)	(i) Securities 523,721. 428,885. 94,836.					
		Net gain or (loss)	31/0000	•	94,836.			94,836.
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of e 1c) See	218,432.				
Ģ		Less direct expenses	b	77,205.	4			
		Net income or (loss) from fun	-	<u> </u>	141,227.	<u> </u>		141,227.
		Gross income from gaming a Part IV, line 19 Less. direct expenses	ctivities See a b					
		Net income or (loss) from gar			1			
		Gross sales of inventory, less	-					
		and allowances Less cost of goods sold Net income or (loss) from sale	a b es of inventory					
		Miscellaneous Reveni		Business Code				
	11 a	MISCELLANEOUS		900099	1,351.	_		1,351.
	С							ļ.
	d			<u> </u>	4 255			
		Total. Add lines 11a-11d		>	1,351.			241 515
33200 10-29	12 9 -13	Total revenue. See instructions.			2,407,481.	0.	0 .	341,515. Form 990 (2013)

MAHONING VALLEY

Part IX Statement of Functional Expenses

3000	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
	not`include amounts reported on lines 6b, 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	1,567,305.	1,567,305.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	-			
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101,309.	57,746.	9,118.	34,445
	trustees, and key employees Compensation not included above, to disqualified	101,309.	31,140.	9,110.	34,443
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	257,318.	146,671.	23,159.	87,488.
8	Pension plan accruals and contributions (include	231,73201			0., 200
Ŭ	section 401(k) and 403(b) employer contributions)	34,625.	19,736.	3,117.	11,772.
9	Other employee benefits	25,149.	14,335.	2,264.	8,550.
10	Payroll taxes	33,387.	19,030.	3,005.	11,352.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	11,580.	6,948.	1,158.	3,474.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	10,620.		10,620.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	7,059.	4,236.	706.	2,117.
12	Advertising and promotion				
13	Office expenses	8,998.	5,399.	900.	2,699.
14	Information technology				
15	Royalties	02 100	12 065	0 211	6 022
16	Occupancy	23,109.	13,865.	2,311.	6,933.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	16,220.	9,732.	1,622.	4,866.
19	Conferences, conventions, and meetings	10,220.	3,134.	1,022.	4,000
20	Interest	29,736.		29,736.	
21 22	Payments to affiliates Depreciation, depletion, and amortization	6,378.	3,827.	638.	1,913.
23	Insurance	7,668.	4,601.	767.	2,300.
23 24	Other expenses, Itemize expenses not covered	7,000.	1,001.	707.	
24	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.)				
а	PRINTING & PUBLICATIONS	13,449.	8,069.	1,345.	4,035
	EQUIPMENT RENTAL	6,200.	3,720.	620.	1,860
c	MET EDUCATE	5,967.	3,580.	597.	1,790
	MEMBERSHIP DUES - OTHER	4,667.	2,800.	467.	1,400
	All other expenses	12,293.	8,956.	834.	2,503
25_	Total functional expenses Add lines 1 through 24e	2,183,037.	1,900,556.	92,984.	189,497
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)				_

Form **990** (2013)

34-0714598 Page 11 Form 990 (2013) MAHONING VALLEY Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 1 Cash - non-interest-bearing 936,046. 1,136,970. 2 Savings and temporary cash investments 2 1,307,057. 1,338,219. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 5,066. 4,992. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 437,652. basis Complete Part VI of Schedule D 10a 29,004. 10b 404,306. 10c 33,346. b Less accumulated depreciation 4,948,999. 5,781,228. 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 25,316. 15 Total assets. Add lines 1 through 15 (must equal line 34) 7,427,096 8,119,147. 16 16 318,986. 404,618. Accounts payable and accrued expenses 17 17 765,294. 774,088. 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of

> 8,119,147. Form 990 (2013)

6,940,441.

1,178,706.

4,587,366.

1,537,618.

8<u>15,457.</u>

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30

31

32

1,084,280.

4,257,117.

1,311,361.

6,342,816.

7,427,096.

774,338.

Net Assets or Fund Balances

Schedule D

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25

Organizations that follow SFAS 117 (ASC 958), check here

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Organizations that do not follow SFAS 117 (ASC 958), check here

complete lines 27 through 29, and lines 33 and 34.

26

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Form	990 (2013) MAHONING VALLEY	34-0714	1598	Pag	ge 12
Par	rt 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)		<u>2,40'</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,183		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>44.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 (5,342	<u>2,8</u>	<u> 16.</u>
5	Net unrealized gains (losses) on investments	5	373	3,1	<u>81.</u>
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 6	5,940),4	<u>41.</u>
Par	rt 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			İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C).			
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			Ī	
	Separate basis Consolidated basis Both consolidated and separate basis			İ	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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				
	X 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	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheen	O elut			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	jle Audit			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audıt	1 1		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

Open to Public Inspection

Employer identification number Name of the organization THE UNITED WAY OF YOUNGSTOWN AND THE 34-0714598 MAHONING VALLEY 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) 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). 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 d Type III - Non-functionally integrated Type I b Type II c ____ Type III - Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No 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) Provide the following information about the supported organization(s) (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (iii) Type of organization (vii) Amount of monetary (ii) EIN organizátion in col. in col. (i) lısted ın your organization in col. organization (described on lines 1-9) support (i) organized in the above or IRC section governing document? (i) of your support? U.S.? (see instructions)) Yes

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Total

Schedule A (Form 990 or 990-EZ) 2013 MAHONING VALLEY

34-0714598 Page 2

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

Sec	Section A. Public Support								
Cale	ndar 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								
	ınclude any "unusual grants ")	1,602,253.	2,085,451.	2,012,169.	2,103,401.	2,065,966.	9,869,240.		
2	Tax revenues levied for the organ-								
	ızatıon'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	1,602,253.	2,085,451.	2,012,169.	2,103,401.	2,065,966.	9,869,240.		
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)						63,055.		
6	Public support. Subtract line 5 from line 4						9,806,185.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	1,602,253.	2,085,451.	2,012,169.	2,103,401.	2,065,966.	9,869,240.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	97,383.	91,898.	92,049.	92,600.	104,101.	478,031.		
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						10,347,271.		
12	Gross receipts from related activities,	etc (see instruction	ns)			12			
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	c year as a section	n 501(c)(3)			
	organization, check this box and stor	here					<u> </u>		
Se	ction C. Computation of Publ	ic Support Per	centage			, ,			
14	Public support percentage for 2013 (line 6, column (f) di	vided by line 11, co	olumn (f))		14	94.77 %		
15	Public support percentage from 2012	Schedule A, Part l	I, line 14			15	90.25 %		
162	33 1/3% support test - 2013. If the o			line 13, and line 1	4 is 33 1/3% or m	nore, check this bo			
	stop here. The organization qualifies						▶ [X]		
k	33 1/3% support test - 2012. If the o	organization did not	t check a box on lii	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion					
17a	10% -facts-and-circumstances tes	t - 2013. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Pai	t IV how the organ	nization		
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		▶□		
k	10% -facts-and-circumstances tes	t - 2012. If the orga	anization did not cl	heck a box on line	13, 16a, 16b, or ²	17a, and line 15 is	10% or		
	more, and if the organization meets the	he "facts-and-circur	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the			
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anızatıon	▶□		
18	Private foundation. If the organization	on did not check a t	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box a	ind see instruction	s 🕨		
					0-1	dula A /Earm 000	000 E7\ 0040		

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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.)

qualify under the tests listed be Section A. Public Support	low, please com	piete Part II)				
	(a) 2000	(b) 2010	(a) 2011	(4) 2012	(a) 2013	(f) Total
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 bus-						
iness under section 513					_	
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
tne organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<u> </u>		
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	(a) 2009	(b) 2010	(0) 2011	(0) 2012	(e) 2013	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		1				
(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)				<u> </u>		
14 First five years. If the Form 990 is for the	he organization'	s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2013 (lir	ne 8, column (f) c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2012		· ·	• • • •		16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			ne 13, column (fl)		17	%
18 Investment income percentage from 2			,		18	%
19a 33 1/3% support tests - 2013. If the c			on line 14, and line	e 15 is more than	<u> </u>	
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2012. If the c						and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The org	anızatıon qualıfies	as a publicly supp	oorted organization	▶Щ
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	ightharpoons

Schedule A	(Form 990 or 990-EZ) 2013 MAHONING VALLEY	34-0714598 Page
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)	
•		
-		
	<u> </u>	
		
	<u> </u>	Sahadula A (Farm 200 as 200 EZ) 20

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Inspection

OMB No 1545-0047

Name of the organization

THE UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY

Employer identification number 34-0714598

Pa	organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Iin		or Accounts. Complete if the
	organization answered Tes to Form 990, Part IV, III	(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		Yes No
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	5. 45.10, 44.1001, 6. 10. 4.1, 54.10. parpose se	Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990. Part	
1	Purpose(s) of conservation easements held by the organizat	• • •	
	Preservation of land for public use (e.g., recreation or e		rically important land area
	Protection of natural habitat	Preservation of a certifie	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements duri	ng the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during th	e year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the	organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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 tre	•	ain, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items	
a	· · · · · · · · · · · · · · · · · · ·	•	5
L-	Assets included in Form 990 Part Y		₽ ©

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Schedule D (Form 990) 2013

$\overline{}$		G VALLEY			-	<u> 34-07</u>	14598	8 Page 2
Pa	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or O	ther Simila	ır Asse	ts(contin	ued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of the	following that are	a significant u	use of its	collection	ı ıtems
	(check all that apply).							
а	Public exhibition	d	I 🔲 Loan or exc	hange programs				
b	Scholarly research	е	Other Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization's	exempt purpo	se in Par	t XIII	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?			Yes	☐ No
Pa	t IV Escrow and Custodial Arran				" to Form 990.	Part IV, I	line 9. or	
	reported an amount on Form 990, Pa		•		,	·	·	
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other assets	not included			
	on Form 990, Part X?		,			[Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:				00	
-	Amount							
_	c Beginning balance							
	Additions during the year				1d			
	Distributions during the year							
f	Ending balance				1e			
	Did the organization include an amount on F	orm 000 Dort V line	010		1f		Yes	
	If "Yes," explain the arrangement in Part XIII			provided in Dest	ZIII		_ res	No
	t V Endowment Funds. Complete							
I a	Litaowine it i ands. Complete							
		(a) Current year	(b) Prior year	(c) Two years bac				years back
1a	Beginning of year balance	2,420,002.	2,241,922.	2,330,37	1. 2.13	<u>35,860.</u>	2,	352,180
b	Contributions	25,316.				2,500.		35,000
С	Net investment earnings, gains, and losses	416,688.	240,887.	21,38		22,770.	<	213,854
d	Grants or scholarships	7,500.	52,500.	53,00	0.			18,500
е	Other expenditures for facilities							
	and programs			34,00	0.			
f	Administrative expenses	11,011.	10,307,	22,83	8.	30,759.		18,967
g	End of year balance	2,843,495.	2,420,002.	2,241,92	2. 2.3	30,371.	2,	135,859
2	Provide the estimated percentage of the cur		e (line 1g, column (a	i)) held as				
а	Board designated or quasi-endowment	44.47	_%					
b	Permanent endowment ► 54.07	%						
С	Temporarily restricted endowment ▶	<u>1.46</u> %						
	The percentages in lines 2a, 2b, and 2c should	uld equal 100%						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered f	or the organiza	ation	_	
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	Х
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•						
Pa	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		. Part IV. line 11a S	ee Form 990. Parl	t X. line 10			
	Description of property	(a) Cost or o) Accumulated	-	(d) Book	alue
	bosonphon of property	basis (investr	(, · · · ·	,	depreciation	1	(u) DOOR	. value
10	Land			4,327.	- p . 00.001011		1 /	1,327
la b	Buildings			1,671.	195,83	7		5,834
	<u> </u>			$\frac{1,671.}{1,654.}$	208,46			
C C	Leasehold improvements		41	1,034.	400,40	<u>'</u>		3,185
	Equipment							
	Other			2(1)	_ .	_		246
lota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	x, column (B), line 1	U(c))				3,346
					8	Schedule	D (Form	990) 201

MΔ	HO	NIN	CV	ΔT.T.	E
LIC	u.	TA TT TA A	U V	$\boldsymbol{\alpha}$	

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 990, Part X, line 1 (c) Method of valuation Co.	
I) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)	<u> </u>		
(C)			
(D)			
			
(E)	 	-	
(F)	·		
(G)	 		
(H)			
otal (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		
(a) Description of investment	(b) Book value	(c) Method of valuation Co	st or end-of-year market valu
(1)			· · · · · · · · · · · · · · · · · · ·
(2)			
(3)	<u> </u>		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal (Col (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Part X, line 1	5
Complete if the organization answered "Yes"	' to Form 990, Part IV, line Description	11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes"		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a)		11d See Form 990, Part X, line 1	5 (b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) lin	Description	11d See Form 990, Part X, line 1	
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities.	Description		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	ne 15)		(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (otal. (Column (b) must equal Form 990, Part X, col (B) ling Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) Important X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	ne 15)	11e or 11f See Form 990, Part X	(b) Book value

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.

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

MAHONING VALLEY 34-0714598 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per H	etur	n.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			2 700 660
1	Total revenue, gains, and other support per audited financial statements		1_	2,780,662.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	0.52 4.04		
а	Net unrealized gains on investments	2a 373,181.		
þ	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
	Other (Describe in Part XIII)	2d		252 101
е	Add lines 2a through 2d		2e	373,181.
3	Subtract line 2e from line 1		3_	2,407,481.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	na With Frances non	5	2,407,481.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts with Expenses per	неш	ırn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		· -	0.400.00
1	Total expenses and losses per audited financial statements		1	2,183,037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,183,037.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	! I		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	2,183,037.
	t XIII Supplemental Information.	/	4.5	
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV		4, Pan	t X, line 2, Part XI,
nes	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additi	ional information.		
~ ~ T	om tr tind 4.			
A	RT V, LINE 4:			
זעה	NI ANIAMIONI. MO DROVITOR INCOME MUAM CAN DE DI	משטדטנושטט שט גמ	ENTO	ידדים דאו
7V1	PLANATION: TO PROVIDE INCOME THAT CAN BE DI	STRIBUTED TO AG	ENC	IES IN
ז ת ר	NO DE LINE DE MERE MERE MERE MERE AND LINES OF CHAIL	CEC NEEDS OF MU	ר יבו	DE7
JRI	DER TO HELP MEET THE HEALTH AND HUMAN SERVI	CES NEEDS OF IT	E A	KEA.
				
ז גר רו	om v itne 2.			
PAI	RT X, LINE 2:			
	אוא אוא דר אין אין אין אין אין אין אין אין אין אין	דאן שאע פרשדרא	гс т	·Nī
CVI	PLANATION: THE CORPORATION ASSESSES UNCERTA	IN IAA POSITION	<u> </u>	. <u></u>
x ~/	CORDANCE WITH FASB ASC 740 AND HAS DETERMIN	וביה שנואש אוו דאור	·^ME	י יייא ע ביד דאניי
ACC	ORDANCE WITH FASE ASC /40 AND RAS DETERMIN	IED IUNI ADD INC	.OME	INA FILLING
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D Er	ארע סקניסיים אווע סקניסיים ארע משתמטיים אווע משתמטיי	י דאושבטביפש אאזי י	א זאים: מ	תג סקדת.
<u> </u>	CORDED ANY RESERVES OR RELATED ACCRUALS FOR	THIEVEST WIND B	CINA	TITES AT
ישח	יי אים מאריטאד ואדגשסטינאזו פרט פרון איי פאסשטי	OCTUTOMS		
טאַט(CEMBER 31, 2013, FOR UNCERTAIN INCOME TAX P	OBTITOND.		
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Schedule D	(Form 990) 2013 Supplemental Info	MAHONING VALLEY		34-0714598 Page 5
rait Aiii	Supplemental Intol	mation (continued)		
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Schedule D (Form 990) 2013

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/form 990.

2013

OMB No 1545-0047

Open To Public Inspection

Name of the organization Employer identification number THE UNITED WAY OF YOUNGSTOWN AND THE 34-07145<u>98</u> MAHONING VALLEY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants а e b Internet and email solicitations Solicitation of government grants Phone solicitations C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? __ Yes 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 (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (IV) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity òrganization listed in col (i) Yes No 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

332081 09-12-13 Schedule G (Form 990 or 990-EZ) 2013

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

THE UNITED WAY OF YOUNGSTOWN AND THE Schedule G (Form 990 or 990-EZ) 2013 MAHONING VALLEY 34-0714598 Page 2 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 (b) Event #2 (c) Other events (d) Total events BASS (add col (a) through GOLF OUTING TOURNAMENT col (c)) (total number) (event type) (event type) 31,500 48,559 218,432. 138,373. Gross receipts 2 Less Contributions 138,373. 31,500. 48,559. 218,432. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 48,190. 9,913 19,102 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 141 11 Net income summary Subtract line 10 from line 3, column (d) 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 (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes Rent/facility costs Other direct expenses % % Yes Yes Yes 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) 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 b If "No," explain. 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes b If "Yes," explain.

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Sch	edule G (Form 990 or 990-EZ) 2013 MAHONING VALLEY 34	<u>-071</u>	<u>4598</u>	Page 3
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?	\Box	Yes	☐ No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	13a	<u>. </u>	%
	An outside facility	13b	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o 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			
	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
ŀ	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 > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	I, lines 9), 9b, 1	0b, 15b,
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	/F 000 000 F7	THE UNITED WAT OF	TOUNGSTOWN AND THE	24 0714500 -
Schedule G	i (Form 990 or 990-EZ)	MAHONING VALLEY rmation (continued)	·	34-0714598 Page 4
Part IV	Supplemental Into	rmation (continued)	<u> </u>	
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SCHEDULE (Form 990)

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

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.

THE UNITED WAY OF YOUNGSTOWN AND THE

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public

Employer identification number

Inspection

2 RESIDENTS OF MAHONING AND OW INCOME AND UNINSURED 34-0714598 HEALTH CARE ACCESS FOR EMERGENCY SERVICES AND FTER-SCHOOL PROGRAMS MENTORING PROGRAM FOR (h) Purpose of grant PROGRAMS; DAY CAMP; SENIORS; EDUCATION or assistance SOCIAL ACTIVITIES RUMBULL COUNTIES X Yes 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 RAINING CHILDREN 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) o ó o Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 81,400 10,500, 936 30,000 (c) IRC section if applicable 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 27-4576650 53-0196605 34-0714812 34-1139677 General Information on Grants and Assistance (b) EIN MAHONING VALLEY criteria used to award the grants or assistance? BOY SCOUTS GREATER WESTERN RESERVE 1 (a) Name and address of organization COUNCIL - 4930 ENTERPRISE DRIVE -ASSOCIATED NEIGHBORHOOD CENTERS ACCESS HEALTH MAHONING VALLEY AMERICAN RED CROSS, MAHONING CHAPTER - 8392 TOD AVENUE -BIG BROTHERS & BIG SISTERS or government 325 NORTH STATE STREET YOUNGSTOWN OH 44512 YOUNGSTOWN, OH 44505 1649 JACOBS ROAD GIRARD OH 44420 WARREN OH 44481 418 MAIN AVE Part i Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

32.

NEIGHBORHOOD CENTER

PUNDING

ö

63,680

501(C)(3)

34-1039928

BOYS & GIRLS CLUB OF YOUNGSTOWN

WARREN, OH 44481

2105 OAK HILL AVENUE

YOUNGSTOWN, OH 44507

N

SCOUTING PROGRAMS

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26,825

501(C)(3)

34-1740075

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Schedule 1 (Form 990) MAHONING VALLEY	VALLEY					R	34-0714598 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Par	٦)	
(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 REGIONAL AGENCY 2401 BELMONT AVENUE YOUNGSTOWN, OH 44505	34-0714330	501(C)(3)	104,475,	0			EMERGENCY ASSISTANCE, COUNSELING PROGRAMS, SENIOR SERVICES
COMMUNITY LEGAL AID 50 SOUTH MAIN STREET SUITE 800 AKRON, OH 44308	34_0753561	501(C)(3)	19,250,	0			ASSIST WITH FORECLOSURE PREVENTION AND ASSET DEVELOPMENT
S F	34-0714662	501(C)(3)	201,143,	0			TO HELP ASSIST FAMILIES WHO ARE VICTIMS OF VIOLENCE AND FINANCIAL DIFFICULTIES
D & E COUNSELING 142 JAVIT CT YOUNGSTOWN, OH 44515	34-1205791	501(C)(3)	18,330,	0			TO ASSIST IN PROVIDING BEHAVIORAL HEALTH CARE SERVICES TO CHILDREN
EMMANUEL CHRISTIAN CENTER 8201 SUPERIOR AVENUE CLEVELAND, OH 44103	34-1434159	501(C)(3)	6,000,	0			CHURCH ORGANIZATION HELPING PEOPLE FIND RELIGION IN THEIR LIVES
GIRL SCOUTS OF NORTH EAST OHIO 980 WARREN AVENUE NILES, OH 44446	34-0726094	501(C)(3)	9,700,	0			SCOUTING PROGRAMS FOR GIRLS IN MAHONING COUNTY
GOODWILL INDUSTRIES 2747 BELMONT AVENUE YOUNGSTOWN, OH 44505	34-0714576	501(C)(3)	82,325,	0			SERVICES FOR THE BLIND, SHELTERED EMPLOYMENT, HEALTH SERVICES FOR CLIENTS
HANDS ON VOLUNTEER NETWORK OF THE VALLEY - 5500 MARKET ST SUITE 106 - YOUNGSTOWN, OH 44512	34-1593908	501(C)(3)	31,066,	0			MATCHING VOLUNTEERS TO PPPORTUNITIES, WELLBEING CALLS TO SENIORS
HELP HOTLINE CRISIS CENTER P.O. BOX 46 YOUNGSTOWN, OH 44505	34_1196630	501(C)(3)	46,000.	0			HEALTH AND HUMAN SERVICE INFORMATION REFERRAL Schedule I (Form 990)

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Schedule I (Form 990) MAHONING VALLEY	D WAY OF VALLEY	YOUNGSTOWN AND THE	AND THE			3	34-0714598 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Orga	nizations in the Ur	nited States (Sche	dule I (Form 990), Par	111)	
(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
INTERFAITH HOME MAINTENANCE 1005 WEST RAYEN AVENUE YOUNGSTOWN OH 44502	34-1219024	501(C)(3)	46 522.	0			HOME REPAIR SERVICES
JEWISH COMMUNITY CENTER 505 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	9 788,	0			EARLY CHILDHOOD PROGRAMS, DAY CAMP, FITNESS PROGRAMS, COUNSELING PROGRAMS
JEWISH FAMILY SERVICES 517 GYPSY LANE YOUNGSTOWN, OH 44504	34-0714442	501(C)(3)	35,000,	0			WELLNESS COUNSELING SERVICES
MILLCREEK CHILDREN'S CENTER 44 ESSEX YOUNGSTOWN, OH 44502	34-1202596	501(C)(3)	29,000,	0			DAY CARE AND PRESCHOOL FOR SPECIAL NEEDS CHILDREN, SUMMER PROGRAMS
1 5 5	34-1051607	501(C)(3)	26,400,	0			HOOL AND FOR CHII
	26-4117989	501(C)(3)		0		-	COMMUNITY ASSISTANCE TO OBTAIN AND RETAIN HOME OWNERSHIP
NEIL KENNEDY RECOVERY CLINIC 2151 RUSH BLVD YOUNGSTOWN, OH 44507	34-0685251	501(C)(3)	66,364,	0			ALCOHOL TREATMENT FACILITY PROGRAMS
OH WOW 11 W FEDERAL ST YOUNGSTOWN, OH 44503	04-3617085	501(C)(3)	13,440.	0			EDUCATIONAL AND SOCIAL ACTIVITIES FOR CHILDREN
POTENTIAL DEVELOPMENT PROGRAM 209 WEST WOODLAND AVENUE YOUNGSTOWN, OH 44502	34-0789759	501(C)(3)	70,538,	0			PRESCHOOL FOR AUTISTIC CHILDREN, PROGRAMS FOR MENTALLY CHALLENGED ADULTS
							Schedule I (Form 990)

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Schedule I (Form 990) MAHONING VALLEY Schedule I (Form 990) MAHONING VALLEY Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	U WAY OF VALLEY Assistance to Go	THE UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY	ALV TRE	nited States (Sche	dule I (Form 990), Par		34-0714598 Page 1
	(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
RICH CENTER FOR AUTISM 606 WICK AVENUE YOUNGSTOWN, OH 44502	34-6576610	501(C)(3)	23, 125,	0			SCHOOLING FOR AUTISTIC CHILDREN
SALVATION ARMY P.O. BOX 4327 YOUNGSTOWN, OH 44515	13-5562351	501(C)(3)	68,625,	0			EMERGENCY ASSISTANCE, AFTER SCHOOL PROGRAMS, SENIOR PROGRAMS
SECOND HARVEST FOOD BANK OF THE MAHONING VALLEY - 2805 SALT SPRINGS ROAD - YOUNGSTOWN, OH 44509	34-1380074	501(C)(3)	80,000	0			FOOD FOR LOW-INCOME FAMILIES AND SENIORS, FOOD FOR FOOD PANTRIES
TURNING POINT 611 BELMONT AVENUE YOUNGSTOWN, OH 44502	34-0974043	501(C)(3)	13,875,	0			SUBSTANCE ABUSE TREATMENT FACILITY PROGRAMS
UNITED METHODIST COMMUNITY CENTER 334 NORTH PEARL STREET YOUNGSTOWN. OH 44506	34-1006737	501(c)(3)	84.500,	0.			SUMMER DAY CAMP, AFTER SCHOOL PROGRAM FOR CHILDREN
TAMPI	34-0714730	501(0)(3)	105 563.	0			RECREATIONAL ACTIVITIES FOR CHILDREN, SENIORS, AND THOSE WITH DISABILITIES
1 5 .	34-0714732	501(C)(3)	94,913,	0			TRANSITIONAL HOUSING, FINANCIAL EDUCATION PROGRAMS, CHILD CARE, HEALTH EDUCATION
YOUNGSTOWN HEARING & SPEECH CENTER 6614 SOUTHERN BLVD YOUNGSTOWN, OH 44512	34-0742712	501(C)(3)	23,000	0			HEARING AIDS, HEARING SCREENINGS, SUMMER CAMP FOR HEARING IMPAIRED CHILDREN
							Schedule I (Form 990)

34-0714598

Schedule I (Form 990) (2013) MAHONING VALLEY

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 MAHONING VALLEY

Periv Supplemental Information, Provide the information required in Part, Inte. Part III, column [b], and any other additional information SCHEDULE I, PART I, LINE 2 EXPLANATION: THE COMMUNITY INVESTMENT COMMITTEE OF THE GOVERNING BODY REVIEWS INFORMATION PROVIDED BY EVERY GRANT RECIPIENT DETAILING HOW GRANT FUNDS WERE USED. THE COMMITTEE RESERVES, THE RIGHT TO REQUEST ADDITIONAL INFORMATION OR SUPPORTING DOCUMENTATION WHENEVER THEY DEEM IT REASONABLE AND APPROPRIATE.

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Complete if the committee communications are surround IIVes II as Ferry 2000 Pert IIV III as 200

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

Attach to Form 990.

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

THE UNITED WAY OF YOUNGSTOWN AND THE Employe

Employer identification number

34-0714598 MAHONING VALLEY Types of Property (a) (b) (c) (d) Method of determining Check if Number of Noncash contribution contributions or applicable amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications Clothing and household goods 5 Х 25,316. FAIR MARKET VALUE Cars and other vehicles 6 Boats and planes 7 intellectual property 8 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions 0 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 30a b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Schedule M (Form 990) (2013)

chedule N	4 (Form 990) (2013) Supplementa	MAHONING	VALLEY			34	1-071459	8 Page
Part II	Supplementa is reporting in Par this part for any a	I Information. (t I, column (b), the dditional informatio	Provide the informat number of contribut on	tion required by Pa tions, the number of	art I, lines 30b, 32t of items received,	o, and 33, and or a combination	whether the org on of both Also	anization complete
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2142 09-03	- 13					•	Schedule M (Fo	nn 990) (201

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE UNITED WAY OF YOUNGSTOWN AND THE

Open to Public

OMB No 1545-0047

Inspection Employer identification number

Schedule O (Form 990 or 990-EZ) (2013)

MAHONING VALLEY 34-0/14598
FORM 990, PART VI, SECTION A, LINE 4:
EXPLANATION: AT ITS ANNUAL MEETING ON MAY 8, 2013, THE ORGANIZATION CHANGED
ITS NAME AND ADOPTED A NEW CODE OF REGULATIONS THAT DISSOLVED THE CURRENT
BOARD OF TRUSTEES WHILE RETAINING CURRENT EXECUTIVE COMMITTEE MEMBERS TO
SERVE AS MEMBERS OF THE BOARD OF DIRECTORS ON A THREE-YEAR ROTATIONAL TERM
SCHEDULE.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION HAS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE GOVERNING BODY (BOARD OF DIRECTORS) IS ELECTED BY THE
MEMBERS AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: A CHANGE TO THE BYLAWS OR A RESOLUTION TO DISSOLVE THE
ORGANIZATION REQUIRES THE APPROVAL OF THE MEMBERS.
FORM 990, PART VI, SECTION A, LINE 8B:
EXPLANATION: THE ORGANIZATION HAS NO COMMITTEES WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE DIRECTOR OF FINANCE AND THE TREASURER INITIALLY REVIEW THE
FORM 990, A COPY OF WHICH IS THEN PROVIDED TO THE GOVERNING BODY. IT IS

THEN SUBMITTED TO THE PRESIDENT AND CHIEF PROFESSIONAL OFFICER FOR REVIEW,

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

332211 09-04-13



DATE 04/30/2014 201412000712

DOMESTIC/AMENDMENT TO ARTICLES (AMD)

50.00 100 00

0.00

COPY 0.00 0.00

Receipt

This is not a bill Please do not remit payment

THE COMMUNITY CORPORATION ATTN. ROBERT P HANNON 255 WATT STREET YOUNGSTOWN, OH 44505-3049

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted 52026

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

THE UNITED WAY OF YOUNGSTOWN AND THE MAHONING VALLEY

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC/AMENDMENT TO ARTICLES

Effective Date: 04/30/2014

201412000712



United States of America State of Ohio Office of the Secretary of State Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 30th day of April, A.D. 2014.

Jon Hasted **Ohio Secretary of State**

The United Way of Youngstown and the Mahoning Valley Annual Meeting Minutes Wednesday May 8th, 2013 – 5:00 pm - The Lake Club, Poland, Ohio

Present:

Sarah Brown-Clark, Kevin Chiu, Richard Denamen, Larry Fauver, StevenHanousek, Neil Kaback, Bnan

Kolenich, David Lucido, Laura Lyden, Thomas Mock, Garry Mrozek, Ted Schmidt, Denise Stewart, David

Turner, Alan Wenger

Absent:

Cynthia Anderson Bill Padisak, Mary Novak, Parker McHenry, James Greene, G L. Mears, Kenneth Miller,

Julie Michael Smith

Staff Present:

Robert P. Hannon, J Diane Karlın, Karen A. Luke, Candace Madden,

Tara L. Mady, Gary A. Mannelli, Kathy Mock, Virginia A Pasha

(Ashley Kuhn was not present due to leave.)

Robert P. Hannon, President and Chief Professional Officer of The Community Corporation welcomed those in attendance. He also thanked Giannios Candies for providing the chocolate favors provided at each setting. He recognized the large crowd in attendance and thanked everyone for taking the time to attend the Annual Meeting.

Mr. Hannon then introduced Ed Muransky of The Lake Club. Mr. Muransky gave a few remarks and challenged those in attendance to think out of the box and take their charitable contributions to the next level. Mr. Muransky stated that there is no better place to be than "Philanthropic Youngstown" but he challenged the group to do more. He advised the crowd to find what is important to them whether it is kids, disabled, the elderly ... and then do more. He discussed the partnership for support with the Boys & Girls Club and how it fits the Muransky family's model and the United Way model Mr. Muransky then turned the meeting back over to Mr. Hannon.

Mr. Hannon introduced and thanked Mr. Ted Schmidt, Regional President of PNC Bank, the 2012 Campaign Chair. Upon his receipt of the Campaign Chair Award, Mr. Schmidt thanked both Bob Hannon and Karen Luke for the early morning meetings to stay focused on the campaign status and goals. He also explained that he had established an Advisory Cabinet that was incredibly helpful in opening doors and increasing participation. Mr. Schmidt also took a moment to recognize the Agency Directors in the room stating that their partnership is key and that they continue to do great work.

Mr Hannon then conducted the Special Awards Presentations as follows:

Impact Service Award - Laura Lyden

Laura has served on several United Way committees and is also a member of the Board of Directors

Campaign Service Award - Rick Fryda

Rick Served on the 2012 Campaign Advisory Cabinet. Introduced by his wife Lisa, who spoke of their family and the work being accomplished through partner agencies for children who are autistic. Rick credited the success of the campaign to all the volunteers and the United Way and encouraged everyone to continue supporting the work being done.

Labor Leadership Award - Accepted by Don Crane on behalf of the Western Reserve Building Trades

Don Crane discussed the strong relationship that the trades have with United Way. He mentioned that over \$30,000 has been raised as one penny from every work hour from members is donated for annual campaigns. He talked of the support their members give as volunteers and how they are making a difference via the wheelchair ramps built for those in need when requested

Mr Hannon introduced the Annual Meeting Sponsor, Anthem Blue Cross and Blue Shield. Scott Misischia, Anthem's Director of Northern Ohio Sales, reminded everyone that Anthem has a strong history of supporting the non-profits and truly believes in supporting the communities in which it serves He also thanked the strong insurance broker community that was well represented at the meeting.

Mr. Hannon introduced David H. Turner, Member of the Board of Trustees and Executive Committee of The Community Corporation to officially convene the Annual Meeting of the Membership of The Community Corporation Mr Turner then proceeded with both the membership and Board of Directors business meeting agenda items:

 First item of business was a review and approval of the minutes of the May 10, 2012 Annual Meeting. Does the membership have any corrections or revisions to address?

There being none, the minutes were approved as presented.

- 2. Second item of business was a recommendation for motion by the Executive Committee of The Community
 - Name change from The Community Corporation dba The United Way of Youngstown and the Mahoning Valley to a corporation name, The United Way of Youngstown and the Mahoning Valley.

Motion to approve was made by Kevin Y.T. Chui, seconded by Glenn Johnson and passed.

- 3. Third item of business was a recommendation for motion by the Executive Committee
 - To adopt a new Code of Regulations that will dissolve current Board of Trustees structure with term expiration dates of 2014, 2015 and 2016 while retaining current Executive Committee membership. The membership will transition into a 14-24 Member Board of Directors with a 3 year rotational term schedule applied.

Motion to approve was made by Ed Muransky, seconded by Kevin Y.T. Chui, and passed.

- 4. Fourth item of business was a recommendation for motion by the Executive Committee
 - a. The nomination of the following individuals to serve as Members of the Board of Directors of The United Way of Youngstown and the Mahoning Valley for a 3 year rotational term schedule and until their successors are elected and qualified:

Parker T McHenry Cynthia E. Anderson G L. Mears Kevin Y.T. Chiu Thomas A. Mock Richard E. Denamen Julie Michael-Smith Larry G. Fauver Kenneth M. Miller James B. Greene Steven P. Hanousek Theodore M. Schmidt Denise E. Stewart Neil J. Kaback David H. Turner Brian F. Kolenich Alan D. Wenger Laura A. Lyden

Motion to approve was made by Ed Muransky, seconded by Kevin Y.T. Chui, and passed.

Mr. Turner then asked if there was any other business to be brought before the Membership. There being no further business, the Membership meeting was officially adjourned and the meeting of the Board of Directors convened.

- 1. Recommendation for motion by the Board of Directors
 - Nomination of the following individuals to serve on the Executive Committee and as Officers of The United Way of Youngstown and the Mahoning Valley for the ensuing year and until their successors are elected and qualified:

Sarah Brown-Clark, Chair and Chief Volunteer Officer William M Padisak, Immediate Past Chair Garry L Mrozek, Vice-Chair Mary Novak, Secretary David Lucido, Treasurer
Robert P. Hannon, President & Chief Professional Officer
Motion to approve was made by David Lucido, seconded by Kevin Y.T. Chui, and passed.

Mr. Turner reminded everyone that a complete listing of the 2012 Board of Trustees and Executive Committee membership is included in the Annual Report. He then offered sincere appreciation to any outgoing members of the Board of Trustees

Mr. Turner confirmed that there was no further business, and the meeting of the Board of Directors was officially adjourned.

Mr. Turner then introduced Mr. David Lucido, the Treasurer of the United Way of Youngstown and the Mahoning Valley. Mr. Lucido proceeded with a review of the year-end financial statement included in the Annual Report of 2012.

Mr. Lucido opened by stating that the United Way continues to show a solid financial position and performance. Total assets at year end 2012 were just over \$7.7 million and \$900,000 over the prior year. The increase was centered in the pledges receivable, indicating the improved campaign progress versus the prior year; and the marketable securities, reflecting the improved markets during 2012 versus 2011. On the other side of the balance sheet, the increase occurred almost entirely in the fund balances, essentially reflecting the positive performance of 2012

In reviewing the Statement of Activities, Public Support and Revenues of Just over \$3 million exceeded the prior year level by \$879,000. The improvement came from both the campaign income and the gains on investments, both exceeding the prior year by more than \$400,000. Expenses again were held in check, insuring that the public's funds are being utilized for agency allocations to the maximum extent. Bottom line (unaudited), revenues exceeded expenses by \$868,000 for fiscal 2012.

Mr. Hannon then introduced two teachers from the Springfield School District to talk about the impact of the Success By 6° program. Both expressed appreciation for the program and discussed the measurable improvement they witness with the students.

Mr. Hannon then presented the newest United Way video, prepared in partnership with the work that's funded through Second Harvest Foodbank in the Lake Milton area.

Mr. Hannon introduced Karen A. Luke, United Way Resource Development Director, who presented the 2012 campaign recognition awards Mrs. Luke recognized AIM NationalLease as the award sponsor who would be helping to present the awards to the companies being recognized. Awards were given to companies under the following categories: Significant Foundation Gifts, Significant Combined Corporate/Workplace Campaigns; Top New Campaign Partners, Significant Increase Overall in Dollars from Previous Year Campaign, \$10,000 and above, \$5,000-\$9,999 and \$1,000-\$4,999. Mrs. Luke recognized Rick Stevens, V.P. of First National Bank, as the 2012 Pacesetter Chair, thanking him for his help in making the Pacesetter Campaign so successful. She then recognized Mr. Greg Greenwood, owner of Greenwood Chevrolet, for his generous support of the Workplace Campaigns via his donation of the 2013 Chevy Cruze which was utilized as a campaign incentive to increase both participation and dollars raised. The campaign would not have been so successful without the support and leadership of these gentlemen.

Mrs. Luke then introduced Becky Wall, Vice President of Dearing Compressor and Pump Co as the 2013 Campaign Chair. The Dearing Compressor and Pump Co has been a strong supporter of United Way for many years. She spoke from the heart about how she will support the United Way mission and do her part to make this campaign a success as she truly believes in the work that is being accomplished in the community through United Way. Dearing Compressor and Pump Co. employees participate in a strong campaign and company management truly encourage employees to stay engaged and connected during all economic climates

Mr. Hannon introduced each member of the United Way staff to those in attendance. He gave closing remarks and reminded everyone of the upcoming Champions Among Us Event to be held on Monday, June 17th, 2013 at the Covelli Centre in Youngstown, Ohio.