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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

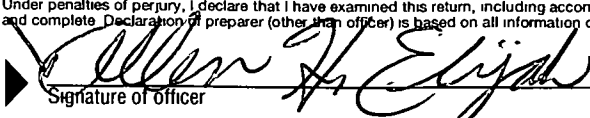
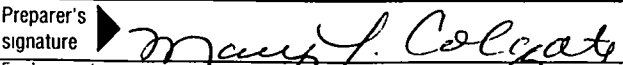
2008Open to Public
Inspection**A** For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA	D Employer identification number 31-0536658
	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33 WEST FIRST STREET 500	E Telephone number 937-225-3001
	City or town, state or country, and ZIP + 4 DAYTON, OH 45402	G Gross receipts \$ 12,301,044.
	F Name and address of principal officer: ALLEN ELIJAH 33 WEST FIRST STREET, DAYTON, OH 45402	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.DAYTON-UNITEDWAY.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1942 M State of legal domicile: OH		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE GREATER DAYTON AREA SUPPORTS THE LOCAL NETWORK OF NONPROFIT HEALTH AND HUMAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	1083
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,058,989.	11,351,363.
	10 Investment income (Part VIII, column (A), lines 4 and 5)	923,989.	750,396.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	78,337.	48,140.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (C), line 12)	167,389.	151,145.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,228,704.	12,301,044.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	10,726,105.	8,986,866.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,634,417.	2,581,857.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,802,567.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,882,939.	1,608,021.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,243,461.	13,176,744.
	19 Revenue less expenses. Subtract line 18 from line 12	-1,014,757.	-875,700.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	18,700,284.	14,131,928.
	22 Net assets or fund balances. Subtract line 21 from line 20	9,627,061.	8,001,992.
		9,073,223.	6,129,936.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer 	Date 5-17-10
	ALLEN ELIJAH, PRESIDENT/CEO Type or print name and title	
Paid Preparer's Use Only	Preparer's signature 	Date 5/17/10
	Firm's name (or yours if self-employed), address, and ZIP + 4 BRADY, WARE & SCHOENFELD, INC. ONE SOUTH MAIN STREET, SUITE 600 DAYTON, OH 45402-2088	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) P00197506 EIN ▶ Phone no. ▶ (937) 223-5247

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

☒ Yes ☐ No

832001 12-18-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

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

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

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

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

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number 31-0536658
	Number, street, and room or suite no. If a P O box, see instructions 184 SALEM AVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions DAYTON, OH 45406-5877	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

ALLEN ELIJAH

• The books are in the care of **184 SALEM AVE - DAYTON, OH 45406-5877**

Telephone No. **937-225-3001**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **MAY 15, 2010**
- 5 For calendar year , or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

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

Signature **[Signature]** Title **CPA** Date **2/11/10**

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission: **SEE SCHEDULE O FOR CONTINUATION**
UNITED WAY OF THE GREATER DAYTON AREA SUPPORTS THE LOCAL NETWORK OF
NONPROFIT HEALTH AND HUMAN SERVICES IN MONTGOMERY, GREENE AND PREBLE
COUNTIES BY RAISING AND DISTRIBUTING CHARITABLE DONATIONS. THROUGH
DIRECT SERVICE COMPONENTS, UNITED WAY ALSO LINKS PEOPLE IN NEED WITH
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

- 4a (Code:) (Expenses \$ **9,316,703.** including grants of \$ **14,592.**) (Revenue \$ **0.**)
VOLUNTEER CONNECTION, COMMUNITY SOLUTIONS FUND ALLOCATIONS AND DONOR
DIRECTED DESIGNATIONS.

VOLUNTEER CONNECTION WORKS TO CONNECT PEOPLE WITH VOLUNTEER
OPPORTUNITIES, BUILDS THE CAPACITY FOR EFFECTIVE LOCAL VOLUNTEERING,
PROMOTES AND FOSTERS VOLUNTEERISM AND PARTICIPATES IN STRATEGIC
INITIATIVES THAT MOBILIZE VOLUNTEERS OF ALL AGES, ETHNICITIES AND
GENDERS TO MEET LOCAL NEEDS. VOLUNTEER CONNECTION ADVERTISED 21,571
VOLUNTEER OPPORTUNITIES ON THE VOLUNTEER CONNECTION WEBSITE AND PROVIDED
VOLUNTEER OPPORTUNITY REFERRALS TO 5,007 ADULTS AND YOUTH IN FISCAL
2009.

- 4b (Code:) (Expenses \$ **640,753.** including grants of \$ **15,000.**) (Revenue \$ **111,635.**)
HELPLINK 2-1-1 PROVIDES 24 HOURS A DAY, 365 DAYS A YEAR INFORMATION AND
REFERRAL SERVICES TO RESIDENTS OF MONTGOMERY, GREENE AND PREBLE
COUNTIES. SERVICE IS FREE AND CONFIDENTIAL. OTHER SERVICES INCLUDE
AFTER-HOUR ANSWERING SERVICE, DIRECTORY OF COMMUNITY SERVICES,
ADVOCACY, CASE CONSULTATION PROGRAM, EARNED INCOME TAX CREDIT PROGRAM,
FORECLOSURE PREVENTION PROGRAM AND DISLOCATED WORKER PROGRAM. HELPLINK
2-1-1 RESPONDED TO 54,276 CALLS FOR HELP AND MADE 93,758 REFERRALS ON
REQUESTS RECEIVED. A TOTAL OF 64,043 REQUESTS FOR BASIC NEEDS (FOOD,
HOUSING, MATERIAL RESOURCES, TEMPORARY FINANCIAL AID AND TRANSPORTATION
WERE RECEIVED). A TOTAL OF 111,228 INDIVIDUALS/FAMILIES WERE SERVED.

- 4c (Code:) (Expenses \$ **563,594.** including grants of \$ **94,750.**) (Revenue \$ **94,750.**)
THE AFL-CIO COMMUNITY SERVICES PROVIDES A COMMUNITY BASED, VOLUNTEER
MANAGED, EMERGENCY FOOD PANTRY AND A DISLOCATED WORKER PROGRAM IN
MONTGOMERY, GREENE AND PREBLE COUNTIES. PROGRAMS FOCUS ON (BUT ARE NOT
LIMITED TO) SERVING INDIVIDUALS AND FAMILIES WHO HAVE BEEN RECENTLY
DISLOCATED FROM THEIR JOBS. SERVICES PROVIDED INCLUDE: EMERGENCY
FOOD, HELP NAVIGATING THE HEALTH AND HUMAN SERVICES SYSTEM, FINANCIAL
AND FINANCIAL LITERACY ASSISTANCE WITH; DEBT MANAGEMENT, RENT,
FORECLOSURE AND UTILITIES; AND ASSISTANCE APPLYING FOR STATE AND FEDERAL
BENEFITS, AS WELL AS FREE EARNED INCOME TAX CREDIT ASSISTANCE. IN
2009, 4,731 INDIVIDUALS FROM 1,431 FAMILIES RECEIVED EMERGENCY FOOD.
THE DISLOCATED WORKER PROGRAM SERVED 16,129 INDIVIDUALS IN 2009.

- 4d Other program services. (Describe in Schedule O.)
(Expenses \$ **162,142.** including grants of \$ **13,802.**) (Revenue \$ **16,657.**)

- 4e Total program service expenses ► \$ **10,683,192.** (Must equal Part IX, Line 25, column (B))

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	6	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	58	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	30	
1b Enter the number of voting members that are independent	28	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization?	X	
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?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ALLEN ELIJAH - 937-225-3001**
33 W. FIRST STREET, DAYTON, OH 45402

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN ELIJAH PRESIDENT AND CEO	40.00	X		X		X		110,342.	0.	10,894.
GARY AUMAN CHAIRMAN OF THE BOARD	5.00	X		X				0.	0.	0.
PAMELA MORRIS FIRST VICE CHAIR	5.00	X		X				0.	0.	0.
ARTHUR HARLAN TREASURER	5.00	X		X				0.	0.	0.
STEVEN ANGLE DIRECTOR	5.00	X						0.	0.	0.
DAN BERRY DIRECTOR	5.00	X						0.	0.	0.
RUSTY CLIFFORD DIRECTOR	5.00	X						0.	0.	0.
THOMAS COLUMBUS DIRECTOR	5.00	X						0.	0.	0.
DANIEL COVEY DIRECTOR	5.00	X						0.	0.	0.
KATE CRAWFORD DIRECTOR	5.00	X						0.	0.	0.
ROBERT CURRY DIRECTOR	5.00	X						0.	0.	0.
DANIEL DAVIS DIRECTOR	5.00	X						0.	0.	0.
DANIEL DELANO DIRECTOR	5.00	X						0.	0.	0.
JOHN DONNELLAN DIRECTOR	5.00	X						0.	0.	0.
PERRY HENDERSON, JR. DIRECTOR	5.00	X						0.	0.	0.
DAVID KINSAUL DIRECTOR	5.00	X						0.	0.	0.
MARCIA KNOX DIRECTOR	5.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL KUGEL DIRECTOR	5.00	X						0.	0.	0.
JOHN LAROCK DIRECTOR	5.00	X						0.	0.	0.
STEPHEN LAY DIRECTOR	5.00	X						0.	0.	0.
MARC MARTENS DIRECTOR	5.00	X						0.	0.	0.
JANE MARX DIRECTOR	5.00	X						0.	0.	0.
CHARLES MORTON DIRECTOR	5.00	X						0.	0.	0.
WILLIAM NIX DIRECTOR	5.00	X						0.	0.	0.
BONNIE PARISH DIRECTOR	5.00	X						0.	0.	0.
SHANNA RENNER DIRECTOR	5.00	X						0.	0.	0.
MATHEW SCHMITZ DIRECTOR	5.00	X						0.	0.	0.
1b Total								268,693.	0.	33,125.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **0**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

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Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,351,363.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		11,351,363.				
Program Service Revenue				Business Code				
	2 a	CAMPAIGN ADMIN FEE		541900	433,571.	433,571.		
	b	RENTAL INCOME RELATED		531120	205,190.	205,190.		
	c	INFORMATION AND REFERR		624100	111,635.	111,635.		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		750,396.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		48,140.			48,140.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		Less: direct expenses						
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gaming activities						
	10 a	Gross sales of inventory, less returns and allowances						
		Less: cost of goods sold						
		Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	PERPETUAL TRUST DISTRI		624100	95,453.			95,453.	
b	INVESTMENT INCOME		624100	55,692.			55,692.	
c								
d	All other revenue							
e	Total. Add lines 11a-11d			151,145.				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			12,301,044.	750,396.	0.	199,285.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	8,986,866.	8,986,866.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	338,726.	75,478.	70,440.	192,808.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,597,489.	852,936.	107,680.	636,873.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	215,712.	99,771.	19,770.	96,171.
9 Other employee benefits	262,659.	115,508.	22,309.	124,842.
10 Payroll taxes	167,271.	82,735.	15,212.	69,324.
11 Fees for services (non-employees):				
a Management				
b Legal	2,104.	509.	419.	1,176.
c Accounting	20,300.		5,075.	15,225.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	235,689.	86,089.	60,248.	89,352.
12 Advertising and promotion	323,566.	119,009.	50,727.	153,830.
13 Office expenses	35,377.	10,546.	6,271.	18,560.
14 Information technology				
15 Royalties				
16 Occupancy	203,742.	79,972.	24,580.	99,190.
17 Travel	31,409.	13,743.	1,633.	16,033.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,603.	6,017.	21,079.	18,507.
20 Interest				
21 Payments to affiliates	52,685.	15,806.	10,537.	26,342.
22 Depreciation, depletion, and amortization	181,290.	54,509.	36,223.	90,558.
23 Insurance	24,020.	11,955.	4,575.	7,490.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a NATIONAL DUES	107,680.		107,680.	
b RENTAL AND MAINTENANCE	99,716.	30,056.	19,571.	50,089.
c MISCELLANEOUS EXPENSES	93,320.	7,997.	83,078.	2,245.
d ADMINISTRATIVE EXPENSES	60,000.		15,000.	45,000.
e TELEPHONE	49,619.	20,649.	3,321.	25,649.
f All other expenses	41,901.	13,041.	5,557.	23,303.
25 Total functional expenses. Add lines 1 through 24f	13,176,744.	10,683,192.	690,985.	1,802,567.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,994,953.	1	2,814,133.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	4,899,248.	3	4,038,767.	
	4 Accounts receivable, net	435,692.	4	573,921.	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost basis	956,617.			
	b Less: accumulated depreciation. Complete Part VI of Schedule D	893,999.	1,777,010.	10c	62,618.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	5,066,648.	12	3,975,662.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,526,733.	15	2,666,827.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,700,284.	16	14,131,928.		
Liabilities	17 Accounts payable and accrued expenses	456,289.	17	343,816.	
	18 Grants payable	9,170,772.	18	7,658,176.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	9,627,061.	26	8,001,992.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	3,771,514.	27	1,488,553.	
	28 Temporarily restricted net assets	2,590,953.	28	2,451,981.	
	29 Permanently restricted net assets	2,710,756.	29	2,189,402.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,073,223.	33	6,129,936.	
	34 Total liabilities and net assets/fund balances	18,700,284.	34	14,131,928.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits?		

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number	31-0536658
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Part I	Reason for Public Charity Status (All organizations must complete this part) (see instructions)
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The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention, 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).** (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports.

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

THE UNITED WAY OF THE GREATER DAYTON

Schedule A (Form 990 or 990-EZ) 2008 AREA

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,795,799.	14,749,108.	13,891,067.	13,058,989.	11,351,363.	67,846,326.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	14,795,799.	14,749,108.	13,891,067.	13,058,989.	11,351,363.	67,846,326.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						67,846,326.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	14,795,799.	14,749,108.	13,891,067.	13,058,989.	11,351,363.	67,846,326.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288,753.	316,792.	147,831.	245,726.	199,285.	1,198,387.
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						69,044,713.
12 Gross receipts from related activities, etc. (see instructions)					12	2,427,761.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.26	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.24	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2008

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008**Open to Public
Inspection**Name of the organization **THE UNITED WAY OF THE GREATER DAYTON
AREA**Employer identification number
31-0536658**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the

organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**THE UNITED WAY OF THE GREATER DAYTON
AREA**

Schedule D (Form 990) 2008

31-0536658 Page 2

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3287225.				
b Contributions	0.				
c Investment earnings or losses	-549,327.				
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	130,108.				
f Administrative expenses	26,952.				
g End of year balance	2580838.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ 15.00 %
- b Permanent endowment ☐ 85.00 %
- c Term endowment ☐ .00 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		916,617.	853,999.	62,618.
e Other		40,000.	40,000.	0.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c))				62,618.

Schedule D (Form 990) 2008

**THE UNITED WAY OF THE GREATER DAYTON
AREA**

Schedule D (Form 990) 2008

31-0536658 Page **3**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
PERPETUAL INTEREST IN TRUST	1,914,402.	END-OF-YEAR MARKET VALUE
INVESTMENTS - DAYTON		
FOUNDATION	2,061,260.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	3,975,662.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
SUPPLIES AND OTHER ASSETS	137,539.
CASH SURRENDER VALUE OF LIFE INSURANCE	2,054,288.
BUILDING FOR RESALE	475,000.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)	2,666,827.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	

In Part XIV, 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

**THE UNITED WAY OF THE GREATER DAYTON
AREA**

Schedule D (Form 990) 2008

31-0536658 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,301,044.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,176,744.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-875,700.
4	Net unrealized gains (losses) on investments	4	-500,362.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,567,225.
9	Total adjustments (net). Add lines 4-8	9	-2,067,587.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-2,943,287.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,510,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-500,362.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-481,551.
e	Add lines 2a through 2d	2e	-981,913.
3	Subtract line 2e from line 1	3	7,492,638.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,808,406.
c	Add lines 4a and 4b	4c	4,808,406.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	12,301,044.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,454,012.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	1,085,674.
e	Add lines 2a through 2d	2e	1,085,674.
3	Subtract line 2e from line 1	3	8,368,338.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	4,808,406.
c	Add lines 4a and 4b	4c	4,808,406.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	13,176,744.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ORGANIZATIONS ENDOWMENT FUNDS ARE TO BE USED TO

AID IN CARRY OUT ITS MISSION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

LOSS ON PERPETUAL INTEREST IN TRUST: -521354.

INCREASE IN CASH VALUE OF LIFE INSURANCE: 39803.

IMPAIRMENT LOSS ON BUILDING: -1085674.

Part XIV	Supplemental Information <i>(continued)</i>
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN CASH VALUE OF LIFE INSURANCE: 39803.

LOSS ON PERPETUAL INTEREST IN TRUST: -521354.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 4808406.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

IMPAIRMENT OF BUILDING LOSS: 1085674.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS: 4808406.

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

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

► Attach to Form 990.

THE UNITED WAY OF THE GREATER DAYTON

AREA

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					1

Part IV

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

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► **Attach to Form 990.** To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number

31-0536658

Part I	Questions Regarding Compensation
---------------	---

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

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

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

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

- 3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

- 4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

- a** The organization?
- b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

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

- a The organization?
- b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Schedule J (Form 990) 2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer Identification number
31-0536658

[illegible]

Schedule J-2 (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number
31-0536658

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

SERVICES IN MONTGOMERY, GREENE AND PREBLE COUNTIES BY RAISING AND
DISTRIBUTING CHARITABLE DONATIONS. THROUGH DIRECT SERVICE COMPONENTS,
UNITED WAY ALSO LINKS PEOPLE IN NEED WITH SERVICES THAT CAN HELP AS
WELL AS LINKS PEOPLE WHO WISH TO VOLUNTEER WITH AGENCIES AND PROJECTS
THAT NEED THEIR SERVICES.

UNITED WAY ENSURES THAT THE PARTNER AGENCIES MEET RIGOROUS STANDARDS
FOR QUALITY OF SERVICE, FINANCIAL HEALTH AND BOARD GOVERNANCE. THE
ORGANIZATION'S UNIQUE COMPREHENSIVE PRESPECTIVE HELPS THE LOCAL
COMMUNITY MEET THE BROAD RANGE OF EMERGING AND URGENT NEEDS AS WELL AS
ONGOING NEEDS. KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND
DIRECT THE FUNDS TO BEST ADDRESS CRITICAL NEEDS AND FILL GAPS IN
SERVICE DELIVERY.

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

SERVICES THAT CAN HELP AS WELL AS LINKS PEOPLE WHO WISH TO VOLUNTEER
WITH AGENCIES AND PROJECTS THAT NEED THEIR SERVICES.

UNITED WAY ENSURES THAT THE PARTNER AGENCIES MEET RIGOROUS STANDARDS
FOR QUALITY OF SERVICE, FINANCIAL HEALTH AND BOARD GOVERNANCE. THE
ORGANIZATION'S UNIQUE COMPREHENSIVE PRESPECTIVE HELPS THE LOCAL
COMMUNITY MEET THE BROAD RANGE OF EMERGING AND URGENT NEEDS AS WELL AS
ONGOING NEEDS. KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND
DIRECT THE FUNDS TO BEST ADDRESS CRITICAL NEEDS AND FILL GAPS IN
SERVICE DELIVERY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number
31-0536658

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

THE COMMUNITY SOLUTIONS FUND IS THE UNITED WAY'S ALLOCABLE POOL OF
UNRESTRICTED DONOR DOLLARS. THIS IS THE FUNDING POOL WITH WHICH THE
UNITED WAY VOLUNTEERS DETERMINE WHAT PROGRAMS RECEIVE FUNDING BASED ON
COMMUNITY NEED, SOUND ORGANIZATIONAL MANAGEMENT AND PROVEN RESULTS.

PRIORITY AREAS FOR FUNDING INCLUDE: POSITIVE YOUTH DEVELOPEMENT;
HEALTH AND WELL BEING FOR INDIVIDUALS AND THE COMMUNITY; AND FINANCIAL
STABILITY LEADING TO INDEPENDENCE FOR ALL. UNITED WAY PARTNER AGENCIES
WHO RECEIVED AN ALLOCATION SERVED 418,433 RESIDENTS FROM MONTGOMERY,
GREENE AND PREBLE COUNTIES IN FISCAL 2009.

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

PREBLE AND GREENE COUNTY PROGRAM SERVICES.

EXPENSES \$ 162142. INCLUDING GRANTS OF \$ 13802. REVENUE \$ 16657.

FORM 990, PART VI, SECTION A, LINE 10: THE UNITED WAY HAS A FINANCE
COMMITTEE THAT MEETS MONTHLY AND IS COMPRISED OF A TREASURER, OTHER BOARD
MEMBERS AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS. THE TREASURER
REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES
OR THE FULL BOARD OF TRUSTEES. THE FINANCE COMMITTEE HAS WORKING KNOWLEDGE
OF THE FINANCIAL STATEMENTS, AUDIT PROCESS AND FINANCIAL PROCEDURES. THIS
COMMITTEE REVIEWED AND APPROVED THE 990 TAX FORM AS PART OF ITS MEETING
PRIOR TO THE FILING. THE MONTHLY FINANCIAL STATEMENTS, AUDITED FINANCIAL
STATEMENTS, AND 990 ARE ALSO DISTRIBUTED TO THE CHAIRMAN AND VICE CHAIRMAN
OF THE BOARD.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public
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Name of the organization

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31-0536658

FORM 990, PART VI, SECTION B, LINE 12C: THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, ORGANIZATION, AND VOLUNTEERS. ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY. AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT. THE POLICY STATEMENTS ARE RESIGNED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS. THE CEO DETERMINES KEY EMPLOYEE COMPENSATION USING THE SAME PROCESS.

FORM 990, PART VI, SECTION C, LINE 18: THE 990 IS PUBLISHED ON THE UNITED WAY® WEBSITE AND IS ALSO AVAILABLE BY REQUEST. ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

FORM 990, PART VI, SECTION C, LINE 19: THE 990 IS PUBLISHED ON THE UNITED WAY® WEBSITE AND IS ALSO AVAILABLE BY REQUEST. ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE UPON REQUEST TO THE PUBLIC.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public
Inspection

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number
31-0536658

FORM 990, PART XI, LINE 2C

DOES THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY?

THE FINANCE COMMITTEE PERFORMS THESE FUNCTIONS.

United Way of Greater Dayton Area
990 Attachment
Depreciation Expense
6/30/2009

<u>Category</u>	<u>Amount</u>
Land Improvement	\$ 346
Building	-
Building improvements	160,607
Furniture and fixtures	89
Machinery and equipment	20,074
Machinery and equipment - Helplink	174
	<u>\$ 181,290</u>

GRANTS and OTHER ASSISTANCE to GOVERNMENTS and ORGANIZATIONS in the UNITED STATES

(a) Name of organization or government	(b) Address of organization or government	(c) EIN	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Purpose of grant or assistance	(g) Method of valuation (book, FV, appraisal, other)
(15) Civil Society for the Improvement of Living Conditions for Syrian Arabians	7200 Weymouth Place Dayton, OH 45419	33-7367169	10,404.04			
AC-Tor Children's Home Valley	1320 E. Elm St. Dayton, OH 45402	31-0823634	33,148.07			
A Special Women Foundation, Inc.	436 Valley Street Dayton, OH 45404	31-1234314	70,670.84			
AFL-CIO Labor Food Family	184 Salem Avenue Dayton, OH 45403	31-1257115	37,835.07			
AIDS Resource Center Ohio	1547 E. Sixth Street Suite 300 Dayton, OH 45402	31-1265641	55,680.16			
AIM for the Handicapped	945 Oakbury Road Dayton, OH 45404	31-8605936	7,907.81			
Alzheimer's Association of Miami Valley, Chap. of	3797 Summit Glen Drive Suite 610 Dayton, OH 45404	31-1331807	6,021.03			
American Lung Society Southwest Regional Office	2808 Roush Road Cincinnati, OH 45206	34-0472680	5,988.36			
American Lung Association of Ohio Greater Dayton Area Office	11113 Kenwood Road Cincinnati, OH 45242	31-4379531	62,161.85			
American Red Cross	2025 E. Street NW Washington DC 20002	53-0196605	1,030,637.32			
American Red Cross Dayton Area Chapter	PO Box 517 Dayton, OH 45401	46-1517707	47,387.95			
Anti-Corruption of America	14150 Redbrook Drive Suite 110 Dayton, OH 45424	68-335.52	9,199.68			
Anti-Flight of Ohio	4620 Maryland Road Suite 110 Virginia Beach VA 23465	31-0334953	6,893.46			
Animal Welfare League of Clark County	1100 Linkspur Landing Circle Suite 340 Lakspur CA 94755	31-0334953	68,335.52			
Antioch University	101 Baskwood Drive Springfield OH 45504	31-0334953	21,420.31			
Antioch University 765 Livemore Street Yellow Springs OH 45387	Antioch University 765 Livemore Street Yellow Springs OH 45387	31-0334953	2,388.36			
Arthritis Center for Alternatives to Domestic Violence	1025 Michigan Ave NE Washington DC 20017	31-1120184	190,310.75			
Archbia Foundation Ohio River Valley Chapter	310 West Main Avenue Third Floor Dayton, OH 45402	31-5043937	9,608.78			
Arched Audition Center and Farm	7124 Miami Avenue Cincinnati, OH 45243-2675	31-0668010	7,971.51			
Art of Cakes Artistic Association	1000 Ashwood Rd Dayton OH 45414	31-1241544	15,281.24			
Basement Christian Learning Center	PO Box 42 Alpha OH 43201	31-0836912	5,387.48			
Bay Brothers Bay Station of the Greater Miami Valley	Banercreek Cincinnati, OH 45206	31-0841306	108,039.58			
Bay Scouts of America Miami Valley Council	PO Box 13057 Dayton, OH 45413	31-0537124	52,295.81			
Bay Scouts of America Miami Valley Council	1828 West Street Dayton, OH 45408	31-0538857	159,420.43			
Bay & G's Club Dayton	257 Salem Avenue Dayton, OH 45402	8-324.37	8,032.59			
Building Bridges, Inc.	323 North Third Street Hamilton, OH 45011-0524	31-0734490	8,032.59			
Butler County United Way	4301 Powell Road Dayton, OH 45424	31-155.71	84,242.56			
Camp Fire USA Greater Dayton Council	1109 Linkspur Landing Circle Suite 340 Lakspur CA 94755	31-0649432	24,721.84			
CancerCare	14150 Kenwood Drive Suite 110 Cincinnati, OH 45215	30-0186795	45,118.56			
Children First America's Charities	100 Linkspur Landing Circle Suite 340 Lakspur CA 94755	94-3255861	49,440.46			
Children's Charities of America	100 Linkspur Landing Circle Suite 340 Lakspur CA 94755	94-3255861	49,440.46			
Children's Medical Charities	100 Linkspur Landing Circle Suite 340 Lakspur CA 94755	94-3255861	49,440.46			
Christian Charities USA	PO Box 78794 Baltimore MD 21279-0704	94-3255861	49,440.46			
Christian Service Charities	1133 South Eagan C. Masses Boulevard #110 Dayton, OH 45408	94-3255861	49,440.46			
Compassion at Work	719 South Main Street Dayton, OH 45402	94-3255861	49,440.46			
Community Action Partnership of the Greater Dayton Area	200 North Erie Street #601 Arlington VA 22203	31-0709188	40,335.52			
Community Health Charities	85 East Gay Street Suite 505 Columbus OH 43215	13-6167225	199,374.02			
Community Health Charities of Ohio	103 William Howard Hall Rd Cincinnati OH 45219	31-1055345	134,478.39			
Community Services of Greater Cincinnati	3709 N. High Street Columbus OH 43214	31-1445067	8,213.16			
Community Services of Mid Ohio	1100 Linkspur Landing Circle Suite 340 Lakspur CA 94755	94-3255861	49,440.46			
Conservation & Preservation Charities of America	33 Barnet Street Dayton, OH 45402	94-3255861	49,440.46			
Contra Costa United Way Inc	PO Box 76 Greenville OH 45331-0716	31-0731778	17,903.02			
Contra Costa United Way Inc	PO Box 76 Greenville OH 45331-0716	31-0731778	17,903.02			
Day Men Behavioral Health Care Inc	805 S. Patterson Boulevard Dayton, OH 45402	34-8551444	7,298.82			
Day Men Behavioral Health Care Inc	1520 Germantown Street Dayton, OH 45408-1398	31-0894474	218,771.36			
Day Men Behavioral Health Care Inc	1350 West Riverway Avenue Dayton, OH 45402	31-0819564	4,329.68			
Day Men Behavioral Health Care Inc	PO Box 454 Dayton, OH 45408	31-1593142	52,609.18			
Day Men Behavioral Health Care Inc	125 N. Main St. Dayton OH 45402	31-1044456	27,172.09			

Family Service Association of Dayton
 Family Services - Knight-Patterson - 454
 Family Violence Prevention Center of Greene County
 Fisher House
 German-American Community Services
 Girl Scouts of Western Ohio
 Global Impact
 Good Neighbor House
 Goodwill Estate, Seals Muriel Valley
 Gospel Mission Inc.
 Graceworks Lutheran Services
 Greater Dayton Public Television
 Heart & Medical Research Charities of America
 Health First - Amherst Charities
 Home Care of Greater Memorial Hospital
 Honor Flight Inc.
 Hospice of Dayton Inc.
 House of Bread
 Human Care Charities of America
 Human Service Charities of America
 Humane Society of Greater Dayton
 Humane Society of Greene County
 Jewish Federation of Greater Dayton
 Legal Aid of Western Ohio
 Lake-A-Wien Foundation of Central Ohio
 Medical Research Charities
 Mercy Manor Inc.
 Miami Valley Hospital Foundation
 Miami Valley Literacy Council
 Miami Valley Women's Center
 Miami Valley Youth Center
 Middletown Area United Way
 Military, Veterans & Patriotic Service Organizations of America
 National Black United Federation of Churches
 National Public Radio Inc.
 Omega Community Development Corporation
 P-H-L-C, Parents, Families and Friends of Lesbians & Gays
 Puller Area United Way Inc.
 Planned Parenthood of Southwest Ohio Region
 Postal Employees Relief Fund
 Preble County Council On Aging
 Premier Community Health
 Project READ/Sindair Community College
 Reach Out Montgomery County
 Ronald McDonald House Charities of the Miami Valley Region Inc.
 Senior Resource Connection
 Society of St. Vincent de Paul - District Council of Dayton
 Special Olympics of Greene County
 St. Vincent Home, Inc.
 Suicide Prevention Center
 Tuscarora Council, Boy Scouts of America
 The Children's Medical Center of Dayton
 The Foodbank
 The Foodbank
 The Grandview Foundation
 The Other Place
 The Salvation Army of the Greater Dayton Area
 The Tenth Life Tree Therapy Program
 Tulp City Area United Fund Inc.
 United Health Solutions
 United Health Solutions
 United Health Solutions (UNCF)
 United Rehabilitation Services of Greater Dayton
 United Way & Community Chest of Greater Cincinnati
 United Way of Clark County & Mercer Counties
 United Way of Greater Cincinnati & Kentucky
 United Way of Greater Cincinnati
 United Way of Mercer County
 United Way of the Greater Dayton Area
 United Way of Troy Ohio Inc.
 United Way of Warren County

184 Salem Avenue Dayton OH 45406
 Suite 2, 2nd Floor Dayton OH 45406
 PO Box 271 Xenia OH 45385
 PO Box 3351 Xenia OH 45385
 468 N Main Street Xenia OH 45385
 450 Shop Mt Road Dayton OH 45415
 56 Canal Center Plaza Dayton OH 45402
 844 South Patterson Blvd Dayton OH 45402
 1511 Funtz Road Dayton OH 45404
 54 Burns Avenue PO Box 1141 Dayton OH 45401-1141
 9430 Innis Mission Way Cincinnati OH 45405
 1107 South Jefferson Street Dayton OH 45422
 1107 Lanspor Landing Circle Suite 340 Lakewood OH 94339
 14150 Newbrook Dr Suite 110 Xenia OH 45385
 1141 North Venice Drive Xenia OH 45385
 305 East Auburn Avenue Springfield OH 45505
 324 Wilkinson Avenue Dayton OH 45405
 PO Box 63277 Dayton OH 45406-0277
 1102 Lanspor Landing Circle Suite 340 Lakewood OH 94339
 PO Box 7377C Belton MD 21227-0770
 1601 Nicholas Road Dayton OH 45418
 137 North Detroit Street Xenia OH 45385
 333 West First Street Suite 505A Dayton OH 45402
 2545 Farmers Dr STE 320 Columbus OH 43235
 PO Box 75703 Baltimore MD 21279-0703
 2325 Groveside Avenue Dayton OH 45417
 31 Wyoming Street Dayton OH 45409
 18 West First Street Dayton OH 45407-1245
 2345 West Sycamore Road Dayton OH 45437-7005
 PO Box 283 Middletown OH 45342
 300 North Main St Suite B Middletown OH 45042
 1100 Lanspor Landing Circle Suite 340 Lakewood OH 94339
 40 Clinch Street 5th Floor Newark NJ 07102
 635 Massachusetts Avenue NW Washington DC 20001
 118 Salem Avenue Dayton OH 45406
 PO Box 3121 Dayton OH 45401
 PO Box 631 Dayton OH 45406-0631
 2314 Auburn Ave Cincinnati OH 45219
 100 Indiana Avenue NW Washington DC 20001
 800 East St Cincinnati OH 45311
 651 W Riverside Avenue Dayton OH 45406
 C/O Sinclair Community College Fcn 444 West Third Street Dayton OH 45402-1460
 25 E Foraker Dayton OH 45409
 555 Valley Street Dayton OH 45404
 1133 S Edin C Motel Bldg Suite 300 Dayton OH 45402
 362 Orest Road Beavercreek OH 45440
 1123 Edwin C Motel Boulevard Suite 300 Dayton OH 45406
 PO Box 1393 Dayton OH 45401
 326 South Thompson Avenue Springfield OH 45506
 Ona Children's Plaza Dayton OH 45404-1815
 427 AAB Washington Street Dayton OH 45402
 435 Grand Avenue Dayton OH 45405
 PO Box 1244 Dayton OH 45402-1244
 138 South Wilkinson Street Dayton OH 45402
 3914 Broadway Blvd Beavercreek OH 45440
 12 South Third Street Tipp City OH 45371
 134 Salem Avenue Dayton OH 45405
 5260 Yellow Oak Corporate Drive Franklin OH 45005
 4110 Ohio Turnpike Cincinnati OH 45202-1478
 2400 Reading Road Cincinnati OH 45202
 PO Box 59 Springfield OH 45501-0059
 2400 Reading Road Cincinnati OH 45202
 616 South Collett Street Lima OH 41956
 PO Box 327 Marysville OH 41956
 184 Salem Avenue Dayton OH 45406
 PO Box 36 Troy OH 45371-0036
 645 Cox Street Lebanon OH 45036

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 23-7132362

USO (United Service Organizations) for Joint Headquarters
 4th Care Site Inc
 Wellness Connection of the Dayton Region
 Veterans Community Center
 Victimline Counseling Center
 Women Children and Family Service Charities of America
 WFAE Educational Fund Educational Center
 Youth Job & Recreation Services Center
 Yellow Springs Community Children's Center
 YMCA of Greater Dayton
 YMCA of Greene County
 YMCA Dayton

2111 Wilson Blvd Suite 1200 Arlington VA 22201
 3925 Huntington Pike Dayton OH 45429
 105 Sugar Camp Circle Suite 100 Dayton OH 45417
 3726 Darphos Avenue Dayton OH 45402
 771 East Sixth Street Dayton OH 45402
 1101 Lancaster Landing Circle Suite 340 Lakeland FL 34605
 917 Southwood Trail Dayton OH 45432
 130 East Church Street Xenia OH 45385
 100 Cherry Street Dayton OH 45402
 PO Box 274 Xenia OH 45385
 111 West First Street Suite 207 Dayton OH 45402
 135 East Church Street Xenia OH 45385
 141 West Third Street Dayton OH 45402

15-1610451
 31 179872
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 33 033353
 71-634873
 64 3192395
 71 1137425
 38-1890999
 21 001024
 31-0998307
 31-0637517
 51-0558773
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