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### <sub>=orm</sub>990

### 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)

OMB No 1545-0047 2008

epartment of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number B Check if applicable Please BUTLER COUNTY UNITED WAY use IRS 31-0734490 Address change label or Doing Business As E Telephone number Name change print or type. See (513) 863-0800 Initial return Specific Number and street (or P O box if mail is not delivered to street address) Room/suite 323 NORTH THIRD STREET G Gross receipts \$ 2,656,809 Instruc-Termination tions. Amended return City or town, state or country, and ZIP + 4 HAMILTON, OH 45011 Application pending Name and address of Principal Officer **H(a)** Is this a group return for MAUREEN NOE affiliates? 323 NORTH THIRD STREET HAMILTON, OH 45011 H(b) Are all affiliates included? 501(c) ( 3 ) ◀ (insert no ) √ 4947(a)(1) or 
√ 527 (If "No." attach a list See instructions ) Group Exemption Number 🕨 Web site: ► WWW BC-UNITEDWAY ORG L Year of Formation 1920 M State of legal domicile OH Briefly describe the organization's mission or most significant activities Activities & Governance See Additional Data Table Check this box ┌ if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a)  $\cdot$   $\cdot$ 12 10 Number of independent voting members of the governing body (Part VI, line 1b)  $\,$  . 12 Total number of employees (Part V, line 2a) . 713 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 . 0 b **Current Year Prior Year** 2,602,999 Contributions and grants (Part VIII, line 1h) . . 2,002,361 8 Program service revenue (Part VIII, line 2g) . . 9 262,067 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 55,370 26,690 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,245 -10,716 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,351,043 2,618,973 1,557,168 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,321,372 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 642,938 Expenses 632,578 10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b (Total fundraising expenses, Part IX, column (D), line 25  $\underline{214,650}$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 463,440 311,927 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 2,427,750 2,501,673 18 Revenue less expenses Subtract line 18 from line 12 19 -76,707 117,300 8 % **End of Year** Beginning of Year Assets of Balance 20 Total assets (Part X, line 16) 3,601,664 3,372,744 21 2,655,736 Total liabilities (Part X, line 26) 2,805,852 22 Net assets or fund balances Subtract line 21 from line 20 795,812 717,008 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge **Please** Sign Signature of officer Here MAUREEN NOE PRESIDENT/CEO Type or print name and title Check if Preparer's PTIN (See Gen Inst ) Date Preparer's Robin M Dennis 2010-01-04 signature Paid empolyed 🕨 🦵 Preparer's CLARK SCHAEFER HACKETT CO Firm's name (or yours if self-employed). **Use Only** address, and ZIP + 4 160 NORTH BREIEL BLVD Phone no (513) 424-5000

MIDDLETOWN, OH 45042 May the IRS discuss this return with the preparer shown above? (See instructions) .

# Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

<b>1</b> See A	Briefly describe the organization's mission  sidditional Data Table
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code ) (Expenses \$ 1,679,769 including grants of \$ 1,534,934) (Revenue \$ )  EVALUATION AND INVESTMENT - THE DIVISION UTILIZED 20 COMMUNITY VOLUNTEERS TO COMPLETE THE THREE YEAR ALLOCATION PROCESS FUNDING PROGRAMS THAT WERE ALIGNED WITH THE PREVIOUSLY APPROVED FOUR IMPACT AREAS YOUTH SERVICES, HEALTH AND WELLNESS, BASIC NEEDS, AND CONNECTION TO RESOURCES FUNDING DECISIONS WERE DETERMINED USING THE FOLLOWING PROGRAM OUTCOMES REVIEW, UNITED WAY'S SIX PARTNERSHIP AGREEMENT CRITERIA, AND AVAILABLE FUNDS PER IMPACT AREA OUTCOME AND PROGRAM DEVELOPMENT TECHNICAL SUPPORT WAS OFFERED TO ALL PARTNER AGENCIES THROUGHOUT THE YEAR
4b	(Code ) (Expenses \$ 382,320 including grants of \$ ) (Revenue \$ )  COLLABORATIVES - THE ORGANIZATION WORKS WITH A VARIETY OF LOCAL NON-PROFITS, GOVERNMENT ENTITIES AND FAITH-BASED INITIATIVES TO MAXIMIZE LOCAL RESOURCES KEY COLLABORATIONS THAT GENERATED REVENUE OUTSIDE THE ANNUAL CAMPAIGN WERE CENTER FOR FAMILY SOLUTIONS, COMMUNITY GRANT CONSORTIUM, AND THE HOLIDAY PROJECT ALTHOUGH THEY DID NOT GENERATE MONETARY REVENUE, THE FOLLOWING INITIATIVES DID LEVERAGE VOLUNTEERS AND COMMUNITY RESULTS E I T C PROGRAM, BUTLER COUNTY BACK TO SCHOOL PROJECT AND THE BUTLER COUNTY BRIDGES COALITION THE COMMUNITY GRANT CONSORTIUM HELPS SOCIAL SERVICE AGENCIES TO ACQUIRE FUNDING FROM OUTSIDE BUTLER COUNTY THESE FUNDS HELP SUPPORT CREATIVE NEW PROJECTS AS WELL AS ESTABLISHED PROGRAMS THAT HAVE DEMONSTRATED RESULTS THE CENTER FOR FAMILY SOLUTIONS IS A COUNTY-WIDE COLLABORATIVE WITH A MISSION TO BE THE EXPERT RESOURCE IN THE COUNTY THAT PROVIDES COMPREHENSIVE, COORDINATED AND ACCESSIBLE SERVICES TO BUTLER COUNTY FAMILIES TO RESPOND, TREAT, AND PREVENT CHILD ABUSE A VOLUNTEER TEAM MADE UP OF MORE THAN 50 INDIVIDUALS, CORPORATIONS AND SOCIAL SERVICE AGENCY REPRESENTATIVES ARE WORKING TO SUPPORT CHILDREN AND FAMILIES IN CRISIS AND END CHILD ABUSE IT IS ESTIMATED THE CENTER WILL BE FULLY OPERATIONS IN 2010 THE HOLIDAY COMMUNITY PROJECT IS A COUNTY-WIDE OUTREACH BY LOCAL GROUPS WHO REACH OUT DURING THE THANKSGIVING AND CHRISTMAS HOLIDAY SEASON TO PROVIDE GIFTS, FOOD AND TOYS TO LOCAL FAMILIES WHO ARE FACING FINANCIAL HARDSHIPS ABOUT 15,300 PEOPLE WERE SERVED THROUGH THE COMMUNITY'S GENEROUS DONATIONS
4c	(Code ) (Expenses \$ 17,576 Including grants of \$ ) (Revenue \$ )  COMMUNITY ACTION PLAN DIVISION'S FOCUS IS TO PRIORITIZE THE ORGANIZATION'S RESOURCES BY DETERMING THE COMMUNITY'S NEEDS THE MOST RECENT ASSESSMENT REVEALED THAT YOUR-RELATED SERVICES WAS A HIGH PRIORITY AND THEREFORE THE ORGANIZATION MADE A COMMITMENT TO "YOUTH GROW INTO SUCCESSFUL ADULTS" FOR THE NEXT EIGHT TO TEN YEARS
	(Code ) (Expenses \$ 30,794 including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe in Schedule O )
4e	(Expenses \$\text{including grants of \$}\text{) (Revenue \$}\text{)}  Total program service expenses \$\text{2,110,459} \text{Must equal Part IX, Line 25, column (B).}

Form **990** (2008)

Part IV	Chec	klist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV.	9	Yes	
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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 ? If "Yes," complete Schedule F, Part $I$	14b		N o
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? If "Yes," complete Schedule F, Part II	15		Νο
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? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
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? If "Yes," complete Schedule L, Part III	27		No

### 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			
а	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)? If "Yes," complete Schedule L, Part IV	28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	1,10
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? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	:e				
					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					
		1a	10			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable			
	gaming (gambling) winnings to prize winners?	: .		<b>1</b> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a	12			
b	If at least one is reported in 2a, did the organization file all required federal employr					
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during return?	g the	year covered by this	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50		
<b>-</b> 70	over, a financial account in a foreign country (such as a bank account, securities ac account)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
_	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?	•	· · ·	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_				
а	Did the organization provide goods or services in exchange for any quid pro quo con	itributi	ion of \$75 or	7a	Yes	
<b>L</b>	more?  If "Yes," did the organization notify the donor of the value of the goods or services p	roudo	.do	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal prope			/ D	res	
·	file Form 8282?		-	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
_	Did the organization during the year reserve any funds directly or indirectly to no	, ,,,,,,,,	uuma on a naraanal			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?	, prem	nums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		Νο
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the	spons	oring organization, have	8		
	year?			-		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	۱۶.		9b		
10	Section 501(c)(7) organizations. Enter					
а	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					
а	Gross income from members or shareholders	   11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources	-14				
D	against amounts due or received from them )	11b				
4.7		. 1	of Earm 10412	4-7-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 ii	ineu ( 	orm 1041/   	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

Yes

11

Νo

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

For each "Yes"	″ res p	onse to lın	es 2-7 be	low, and	for a "No" response	to lines 8 or 9	b below, des	cribe the circumstanc	es,
processes, or	chang	ges in Sche	edule O. S	See instru	ctions.				
								1	

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 . . . . .

	processes, or changes in Schedule O. See instructions.	inces,			
1a	Enter the number of voting members of the governing body 1a	12			
ь	Enter the number of voting members that are independent 1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with other officer, director, trustee, or key employee?	•	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 99 filed?	0 was	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? .		5		Νo
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members governing body?	of the	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during year by the following	the			
а	the governing body?		8a	Yes	
b	each committee with authority to act on behalf of the governing body?		8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	•	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapter affiliates, and branches to ensure their operations are consistent with those of the organization?	,	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizat must describe in Schedule O the process, if any, the organization uses to review the Form 990		10	Yes	

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		Νo
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b		Νο
	Describe the process in Schedule O			
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		Νο
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?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed OH
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website another's website upon request
- 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 See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

JAN TROUTMAN 323 NORTH THIRD STREET HAMILTON, OH 45011 (513) 863-0800

#### 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) and key employees 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, or 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										
		Posit t	(C lon (d hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
BRUCE JEWETT , CHAIRPERSON	5 00	Х		Х				0	0	0
ROBERT SOMMERS , VICE CHAIRPERSON	2 00	Х		Х				0	0	0
ERIC SLATON, MEMBER	1 00	Х						0	0	0
RON DAVIS , MEMBER	1 00	Х						0	0	0
JOSE ALVAREZ , MEMBER	1 00	Χ						0	0	0
SHELLY WALLPE, MEMBER	1 00	Χ						0	0	0
TERI WHITMORE , MEMBER	1 00	Х						0	0	0
KAREN MUELLER , MEMBER	1 00	Х						0	0	0
MELISSA HOWARD , MEMBER	1 00	Х						0	0	0
ANDY NASTOFF, MEMBER	1 00	Χ						0	0	0
RICK REINEL, MEMBER	1 00	Χ						0	0	0
CHRIS WORRELL, MEMBER	1 00	Х						0	0	0
STEPHANIE RAKER, SECRETARY	4 00			Х				0	0	0
MAUREEN NOE , PRESIDENT/CEO	65 00			Х		Х		118,045	0	26,442
JAN TROUTMAN , CFO	45 00			Х				67,358	0	14,154
THERESSA GRIGGS , COO	45 00			Х				89,769	0	17,557

#### Part VIII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	on that Institutional Trustee	appl <sup>.</sup>	y) 原	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total						•	275,172	C	58,153

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

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed online 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			
	ındıvıdual	4		No
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	5		No

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	<b>(B)</b> Description of services	(C) Compensation
	·	
Tatal www.hav.af.indamandant.contination (implication than a in 1) who were word many than it	100 000	

Part Statement of Revenue VIII

					· · · · · · · · · · · · · · · · · · ·			
					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
42.92	1a	Federated camp	paigns 1a	1,042,523				311
art art	Ь		es 1b					
ಕ್ಷ			ents 1c					
्र इ.स.	c	_						
<u> 5'e</u>	d	_	ations 1d					
Other Revenue Contributions, gifts, grants and other similar amounts	e	Government grants	, ,	103,442				
offi Era	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> of included above	1,451,034				
년 등	g		butions included in					
Ęź			15,365					
ठॅ क	h	Total (Add line	s 1a-1f)	•	2,602,999			
œ.				Business Code				
e III	2a							
es Se	ь		_					
ě.	c							
ř	d							
Ather Revenue Program Service Revenue	e							
E	f	Δ II other progra	ım service revenue					
ĵog.	•		service revenue		<u> </u>			
<u> </u>	g	Total. Add lines	2a-2f	\$				
	3	Investment inc	ome (ıncludıng dıvıden	ds, ınterest				
		other sımılar an	nounts)	•	26,690			26,690
	4	Income from inves	tment of tax-exempt bond	proceeds -				
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incor	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount	(i) ccalifold	(, 0 00.				
		from sales of assets other						
	١.	than inventory Less cost or						
	Ь	other basis and						
	<sub>c</sub>	sales expenses Gain or (loss)						
	d		s)	<u> </u>				
	8a	Gross income f						
		events (not inc	=					
		¥	,528					
Other Revenue Program Service Revenue		See Part IV, lin	reported on line 1c) e 18					
₫ >		Attach Schedule	G if total exceeds					
æ		\$15,000	а	6,000				
Ţ.	b		penses b	37,836	40.000			40.000
¥	С		loss) from fundraising	events 🟲	-19,308			-19,308
Other Revenue	9a	Gross income fi See part IV, lin	rom gaming activities					
			ule G if total exceeds					
		\$15,000						
	_		a					
	b		penses b					
	10a		loss) from gaming activ	vicies				
	10a	Gross sales of returns and allo						
			a					
	ь	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	loss) from sales of inve	entory 🟲				
		Miscellaneous	Revenue	Business Code				
	11a	RENTAL INCO	M E	532,000	4,956	4,956		<u> </u>
	ь	ACCOUNTING	SERVICES	541,200	1,678	1,678		
	c	ADMIN FEES A	ND RECOVER	900,099	1,458	1,458		
	١.	All other revenu			500	500		
	d e		s 11a-11d	\$				
				8,592				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	2,618,973	8,592	0	7,382

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,557,168	1,557,168		
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	333,325	227,137	106,188	
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	212,523	102,499		110,024
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,761			3,761
9	Other employee benefits	37,388	18,747		18,641
10	Payroll taxes	45,581	31,273	4,025	10,283
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	12,863		12,863	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	3,970		3,970	
g	Other	66,804	57,513	9,291	
12	Advertising and promotion	42,811	3,579		39,232
13	Office expenses	21,617	15,242	1,908	4,467
14	Information technology	18,291	12,549	1,615	4,127
15	Royalties				
16	Occupancy	34,433	25,460	1,205	7,768
17	Travel	11,332	7,775	1,001	2,556
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	32,640	19,082	9,469	4,089
20	Interest				
21	Payments to affiliates	15,331	14,633		698
22	Depreciation, depletion, and amortization	22,787	9,765	9,767	3,255
23	Insurance				
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)				
а	TELEPHONE	10,697	7,339	945	2,413
b	MISCELLANEOUS	9,908	10	9,361	537
c	BANK FEES	6,452	688	4,563	1,201
d	AWARDS AND INCENTIVES	1,991	0	393	1,598
f	All other expenses				
25	<b>Total functional expenses.</b> Add lines 1 through 24f	2,501,673	2,110,459	176,564	214,650
26	Joint Costs. Check if 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				

Part X	Balance	Sheet
	Dalalice	SHEEL

Cash—non-interest-bearing   445,430   1   227,421						(A)		(B	-
2   Savings and temporary cash investments			Cook was subsect because			Beginning of year		End of	
Pledges and grants receivable, net			-			454,650			
Accounts receivable, net   37.007   4   10.005						1 120 025	$\vdash$		
Securables from current and former officers, directors, trustees, key employees or other related parties complete Part of Schedule L.   S		_				· · · · · ·	-		
## 1   Section   Section			·			37,697	4		10,035
Persons described in section 495B(c)(3)(B)   Complete Part II of Schedule L   5   7		5			yees or		5		
Solution   Solution		6					6		
108		7	Notes and loans receivable, net				7		
10a		8	Inventories for sale or use				8		
b   Less accumulated depreciation   Complete Part VI of   Schedule D	ts	9	Prepaid expenses and deferred charges			3,093	9		995
b   Less accumulated depreciation   Complete Part VI of   Schedule D	sse	10a	Land, buildings, and equipment cost basis	10-1	487 850				
Schedule D	⋖		Language Complete delication Complete Port VIII of	10a	407,030				
12   Investments—other securities   See Part IV, line 11   Complete Part VII of Schedule D		b	Schedule D	<b>10b</b> 416,200			10c		71,650
Schedule D .   12   13   11   13   11   13   13   14   11   13   13		11	Investments—publicly traded securities			365,016	11		295,128
13   14   11   11   11   12   13   14   14   15   15   15   15   15   15		12				12			
15   Other assets See Part IV, line 11   Complete Part IX of Schedule D   1,526,135   15   1,347,721   16   Total assets. Add lines 1 through 15 (must equal line 34)   3,601,684   16   3,372,744   17   Accounts payable and accrued expenses   55,250   17   27,455   18   3,3601,684   18   3,372,744   19   Deferred revenue   21,022   19   33,3,600   20   Tex-exempt bond liabilities   21   Tex-exempt bond liabilities   21   Tex-exempt bond liabilities   21   Tex-exempt bond liabilities   21   Tex-exempt bond liabilities   22   Tex-exempt bond liabilities   23   Tex-exempt bond liabilities   23   Tex-exempt bond liabilities   23   Tex-exempt bond liabilities   24   Tex-exempt bond liabilities   22   Tex-exempt bond liabilities   23   Tex-exempt bond liabilities   24   Tex-exemp		13		rt VIII			13		
15   16   Total assets. Add lines 1 through 15 (must equal line 34)   3,601,664   16   3,372,744   17   Accounts payable and accrued expenses   55,250   17   27,456   18   Grants payable		14	Intangible assets				14		
16		15				1,526,135	I I		1,347,721
17		16				3,601,664	16		3,372,744
18   Grants payable		17			55,250	17		27,459	
Tax-exempt bond liabilities		18				18			
Tax-exempt bond liabilities		19	Deferred revenue		21,022	19		33,809	
Secured mortgages and notes payable to unrelated third parties		20					20		
Secured mortgages and notes payable to unrelated third parties	es	21	Escrow account liability Complete Part IV of Schedule D			1,008,501	21		981,072
Secured mortgages and notes payable to unrelated third parties	biliti	22	Payable to current and former officers, directors, trustees, key						
Secured mortgages and notes payable to unrelated third parties	"ja					22			
24 Unsecured notes and loans payable		23					23		
25 Other liabilities Complete Part X of Schedule D									
26 Total liabilities. Add lines 17 through 25		25	·			1,721,079	25		1,613,396
Organizations that follow SFAS 117, check here  and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets		26				2,805,852	26		2,655,736
Permanently restricted net assets			Organizations that follow SFAS 117, check here ▶ 🔽 and comple	ete lines 27	,				
Permanently restricted net assets	Juc.	27				697 282	,,		655,586
Permanently restricted net assets	ાક								-
lines 30 through 34.  30 Capital stock or trust principal, or current funds	1 B		·			55,555			01,122
lines 30 through 34.  30 Capital stock or trust principal, or current funds	nu	29		l complete			29		
30 Capital stock or trust principal, or current funds	or F		lines 30 through 34.						
33 Total net assets or fund balances		30	Capital stock or trust principal, or current funds			30			
33 Total net assets or fund balances	SSE			•					
Part XI Financial Statements and Reporting  Yes No		32				32			
Part XI Financial Statements and Reporting  Yes No	₹	33	Total net assets or fund balances			795,812	33		717,008
Yes No	_	34	Total liabilities and net assets/fund balances			3,601,664	34		3,372,744
Yes No	D.	VT	Einancial Statements and Denouting						
	1.6	T XI	rmancial Statements and Reporting					1	
				. —				Yes	No

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

	_			
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		N o
b	If "Yes," did the organization undergo the required audit or audits?	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493035009020

Employer identification number

OMB No 1545-0047

### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Public Charity Status and Public Support**

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.

Open to Public Inspection

BUTLE	R COUI	NTY UNITED W	ΑY								
								31	-0734490	כ	
Pai	rt I 🛭	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)	
The c	rganı	zation is not	a private found	ation because it is (Please	check onl	y <b>one</b> org	anızatıon )	)			
1	$\sqcap$	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)(	(A)(i).		
2	Γ	A school de	escribed in <b>Sec</b>	tion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E )					
3	$\Gamma$	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in <b>Sec</b>	tion 170(L	o)(1)(A)(i	ii). (Attac	h Schedul	le H )
4	Г	A medical	research organi	zation operated in conjuncti	on with a l	hospital de	escribed ii	Section :	170(b)(1)	(A)(iii). E	nter the
	•		name, city, and	•		•			. , , ,	. ,. ,	
5	$\vdash$			or the benefit of a college or	universit	v owned o	r operated	by a gove	ernmental	unit desc	ribed in
	•			(Complete Part II )		,		-, - g			
6	$\vdash$			overnment or governmental	unit descr	ibed in <b>Se</b>	ction 170	(b)(1)(A)	(v).		
7	<u></u>	•	_	ally receives a substantial p						n the gene	eral public
-	•			o)(1)(A)(vi) (Complete Par		. ч.р	u go.o.			90	p a b c
8	Г		-	ped in <b>Section 170(b)(1)(A)</b>	•	nplete Pari	tII)				
9	Ī		•	ally receives (1) more than			•	ntribution	ıs, membe	rship fees	s, and gross
	•	_		ated to its exempt functions					•		•
		•		estment income and unrelate	-		•	, ,	•		
				on after June 30, 1975 See						•	
10	Г			and operated exclusively to						e instruc	tions )
11	Г	An organiz	ation organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purposes of
		-	<del>-</del>	orted organizations describe					•	•	
		_		type of supporting organiza					_		
	_	•	• •				nally Integ				III - Other
е	ļ	•	-	· ·			•			•	· ·
		section 50		agers and other than one or	more publ	псту зарро	orteu orga	11124110115	aescribeu	ili sectioi	1 3 0 9 (a)(1) 01
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,
		check this									Г
g		Since Augu following pe		as the organization accepted	d any gift	or contribi	ution from	any of the	!		
				r indirectly controls, either a	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes No
			•	ng body of the the supported		_				11g	
			· -	erson described in (i) above	-					11g(	
			•	ty of a person described in (		bove?				11g(	
h		• •		nation about the organizatio			supports				
-				<b></b>			11				
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of
		orted		(described on lines 1-9		atıon ın		nızatıon	_		support?
	Orgar	nization		above or IRC section	col (i)			) of your			
				(See Instructions))		verning ment?	supp	ort	In the	057	
					Yes	No	Yes	No	Vec	No	-
					162	110	163	110	ons, membership fee (2) no more than 33 tion 511 tax) from b (1) (9(a)(4). (See instruins of, or to carry out (a)(2) See Section (1) (a) Type (b) one or more disquates described in section (b) or Type III support (c) or Type III support (d) or Type III support (e) or Type III support (f) or Ty	140	
								<del>                                     </del>			

Total

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</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	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
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							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

### Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you check						
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	( <b>d)</b> 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and	2 251 074	3 100 500	2 074 500	2 002 261	2 602 6	11 040 511
	membership fees received (Do not	2,251,974	2,108,589	2,074,588	2,002,361	2,602,9	11,040,511
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed,						
	or facilities furnished in any activity that	58,769	156,771	162,618	262,067		640,225
	is related to the organization's tax-	,	,		,		,
	exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business under	4,780	3,367	7,302	14,963	18,5	48,940
	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	2,315,523	2,268,727	2,244,508	2,279,391	2,621,5	11,729,676
7a	A mounts included on lines 1, 2, and 3	393,376	392,075	424,339	416,830	349,8	1,976,437
	received from disqualified persons	373,370	332,073	727,555	410,030	3+5,0	1,570,457
b	A mounts 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						
С	Total of lines 7a and 7b	393,376	392,075	424,339	416,830	349,8	1,976,437
8	Public Support (Substract line 7c from						9,753,239
	line 6)						3,733,233
	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	<b>(c)</b> 2006	( <b>d)</b> 2007	(e) 2008	(f) Total
	, , , , , ,	()	(-)			<u> </u>	(1) 10141
9	A mounts from line 6	2,315,523	2,268,727	2,244,508	2,279,391	2,621,5	
	F			2,244,508	2,279,391		
9 10a	A mounts from line 6	2,315,523	2,268,727			2,621,5	11,729,676
	A mounts from line 6 Gross income from interest, dividends,			2,244,508 39,996	2,279,391 55,370		11,729,676
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans,	2,315,523	2,268,727			2,621,5	11,729,676
	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,315,523	2,268,727			2,621,5	11,729,676
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	2,315,523	2,268,727			2,621,5	11,729,676
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005
10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	2,315,523	2,268,727			2,621,5	11,729,676 159,005
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005
10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss	2,315,523 8,948 8,948	2,268,727 28,001 28,001	39,996	55,370 55,370	2,621,5 26,6 26,6	11,729,676 159,005 159,005
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets	2,315,523 8,948	2,268,727	39,996	55,370	2,621,t 26,6	11,729,676 159,005 159,005
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	2,315,523 8,948 8,948	2,268,727 28,001 28,001	39,996	55,370 55,370	2,621,5 26,6 26,6	11,729,676 159,005 159,005
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	2,315,523 8,948 8,948	2,268,727 28,001 28,001	39,996	55,370 55,370	2,621,5 26,6 26,6	11,729,676 159,005 159,005
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	2,315,523 8,948 8,948 24,074	2,268,727 28,001 28,001 37,831	39,996	55,370 55,370 23,087	2,621,5 26,6 26,6	11,729,676 159,005 159,005 159,005 115,566 12,004,247
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the o	2,315,523 8,948 8,948 24,074	2,268,727 28,001 28,001 37,831	39,996	55,370 55,370 23,087	2,621,5 26,6 26,6	11,729,676 159,005 159,005 159,005 115,566 12,004,247 Inization,
10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	2,315,523 8,948 8,948 24,074	2,268,727 28,001 28,001 37,831	39,996	55,370 55,370 23,087	2,621,5 26,6 26,6	11,729,676 159,005 159,005 159,005 115,566 12,004,247
10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,315,523 8,948 8,948 24,074 rganization's fire	2,268,727 28,001 28,001 37,831	39,996	55,370 55,370 23,087	2,621,5 26,6 26,6	11,729,676 159,005 159,005 159,005 115,566 12,004,247 Inization,
10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,315,523 8,948 8,948 24,074 rganization's firs	2,268,727 28,001 28,001 37,831	39,996 39,996 21,982 , fourth, or fifth t	55,370 55,370 23,087	2,621,5 26,6 26,6 8,5 01(c)(3) orga	11,729,676 159,005 159,005 159,005 11,729,676 159,005
10a b c 11 12 13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percetage Public Support Percetage for 2008 (line 8)	2,315,523 8,948 8,948 24,074 rganization's first	2,268,727 28,001 28,001 37,831 st, second, third	39,996 39,996 21,982 , fourth, or fifth t	55,370 55,370 23,087	2,621,5 26,6 26,6	11,729,676 159,005 159,005 159,005 115,566 12,004,247 Inization,
10a  b  c 11  12  13 14	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	2,315,523 8,948 8,948 24,074 rganization's first	2,268,727 28,001 28,001 37,831 st, second, third	39,996 39,996 21,982 , fourth, or fifth t	55,370 55,370 23,087	2,621,5 26,6 26,6 8,5 01(c)(3) orga	11,729,676 159,005 159,005 159,005 11,729,676 159,005
10a  b  c 11  12  13 14  Co 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percetage Public Support Percetage for 2008 (line 8)	2,315,523 8,948 8,948 24,074 rganization's first	2,268,727 28,001 28,001 37,831 st, second, third	39,996 39,996 21,982 , fourth, or fifth t	55,370 55,370 23,087	2,621,5 26,6 26,6 3,5 01(c)(3) orga	11,729,676 159,005 159,005 159,005 115,566 12,004,247 101ization,
10a  b  c 11  12  13 14  Co 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here  mputation of Public Support Percetage Public Support Percetage for 2008 (line 8)	2,315,523 8,948 8,948 24,074 rganization's first	2,268,727 28,001 28,001 37,831 st, second, third	39,996 39,996 21,982 , fourth, or fifth t	55,370 55,370 23,087	2,621,5 26,6 26,6 3,5 01(c)(3) orga	11,729,676 159,005 159,005 159,005 115,566 12,004,247 101ization,

Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h 18

18

19a 33 1/3% 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

33 1/3% 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

►V

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493035009020

OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

► 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.

**Supplemental Financial Statements** 

**Employer identification number** Name of the organization BUTLER COUNTY UNITED WAY 31-0734490 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2с c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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.

- 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
- 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

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

Revenues included in Form 990, Part VIII, line 1

**►** \$

Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Schedule D (Form 990) 2008

ar	Organizations Maintaining Col	<u>lections of Art, His</u>	tori	<u>cal Treasur</u>	es, or Other	r Similar Asse	ets (c	ontinued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	e foll	owing that are	a sıgnıfıcant us	se of its collectio	n	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
c	Preservation for future generations							
1	Provide a description of the organization's col Part XIV	lections and explain hov	v the	further the or	ganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						Yes	┌ No
Pai	t IV Trust, Escrow and Custodial A				nization answ	ered "Yes" to F	orm 9	90,
	Part IV, line 9, or reported an am	•						
.a	Is the organization an agent, trustee, custodia included on Form 990, Part X?		for c	ontributions oi	other assets r		Yes	ר No
b	If "Yes," explain why in Part XIV and complet	e the following table						
						A mou		
с	Beginning balance				1c		1,	008,50
d	Additions during the year				1d			49,037
е	Distributions during the year				1e			76,466
f	Ending balance				1f		9	981,072
2a	Did the organization include an amount on For	m 990, Part X, line 21?				⊽	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete if							
	<u> </u>		Prior \	rear (c)Two	Years Back (d)	hree Years Back (e	Four Y	ears Back
a	Beginning of year balance	441,168						
b	Contributions	0						
C	Investment earnings or losses	-115,640						
d	Grants or scholarships	0						
e	Other expenditures for facilities and programs	0						
f	Administrative expenses	0						
g	End of year balance	325,528						
!	Provide the estimated percentage of the year	end balance held as						
а		00 000 %						
ь	Permanent endowment - 0 %							
	2.04							
c Ba	Term endowment • 0 %  Are there endowment funds not in the posses:	sion of the organization t	hat s	re held and ac	ministered for	the		
-	organization by	or the organization (	ac c	ire ireia aria ae			Yes	No
	(i) unrelated organizations					3a(i)		Νο
	(ii) related organizations					3a(ii)		Νο
	If "Yes" to 3a(II), are the related organization					3b		
_	Describe in Part XIV the intended uses of the							
a l	t VI Investments—Land, Buildings,	, and Equipment. S	ee F	<u>orm 990, Pa</u>	rt X, line 10.	<u> </u>	1	
	Description of investment			) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
.a	Land					1		
b	Buildings				143,888	104,967	1	38,921
c	Leasehold improvements				343,962	311,233		32,729
d	Equipment							
e	Other							

71,650

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1		
<ul><li>(a) Description of security or cateory (including name of security)</li></ul>	<b>(b)</b> Book value		d of valuation year market value
Financial derivatives and other financial products		2032 01 2114 01	year marker varae
Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
(a) Description of investment type	(b) Book value		d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, II			
(a) Descri	ption		(b) Book value
US BANCORP - CUSTODIAL - UNEMP			15,446
CUSTODIAL CASH AND INVESTMENTS			964,108
BOARD DESIGNATED INVESTMENTS			325,528
BENEFICIAL INTEREST			42,639
Total. (Column (b) should equal Form 990, Part X, col.(B) line			1,347,721
Part X Other Liabilities. See Form 990, Part X	1		
(a) Description of Liability	(b) A mount		
Federal Income Taxes	4.33.4		
PAYROLL WITHHOLDINGS	4,324		
ALLOCATIONS PAYABLE	1,602,081		
DESIGNATIONS OTHER UWS	6,991		
Total (Column (h) chould equal Form 000, Part V, col (P) line 25.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 ) 🕨	1,613,396		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,618,973
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,501,673
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	117,300
4	Net unrealized gains (losses) on investments	4	-196,104
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-196,104
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-78,804
Par	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	2,205,799
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-154,755
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,360,554
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	258,419
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,618,973
	Reconciliation of Expenses per Audited Financial Statements With Expenses		
1	Total expenses and losses per audited financial statements	1	2,284,604
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c d	Losses reported on Form 990, Part IX, line 25		
	Add lines <b>2a</b> through <b>2d</b>	20	79,186
е 3	Subtract line <b>2e</b> from line <b>1</b>	2e 3	2,205,418
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		2,203,418
	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
a b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	296,255
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,501,673
	• VIV Supplemental Information		2,501,073

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

### 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 XIV, 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

Ident if ier	Return Reference	Explanation
Part IV , Line 2b		BUTLER COUNTY UNITED WAY RECEIVED A DONATION OF 1,000,000 IN MAY 2008 TO FUND THE CENTER FOR FAMILY SOLUTIONS(CFS) BUTLER COUNTY UNITED WAY HAS BEEN OVERSEING THIS NEW ORGANIZATION UNTIL THEY CAN GET ESTABLISHED CFS RECEIVED THEIR 501 (C)(3) STATUS IN OCTOBER 2008 BUT BUTLER COUNTY UNITED WAY STILL HAS MAINTAINED THE ORIGINAL GIFT THE ORIGINAL GIFT HAS DECREASED DUE TO MARKET FLUCTUATIONS THE BUTLER COUNTY UNITED WAY ALSO ADMINISTERS AND ACTS AS CUSTODIAN FOR AN UNEMPLOYMENT FUND FOR OTHER NOT-FOR-PROFIT ORGANIZATION
Part V, Line 4	Description of Intended Use of Endowment Funds	THE BOARD DESIGNATED CASH AND INVESTMENTS FOR THE PURPOSE OF MAINTAINING APPROXIMATELY TWO TO THREE MONTHS OF RESERVES FOR FUTURE ALLOCATIONS TO SUPPORTED AGENCIES AND PROGRAMS

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DLN: 93493035009020

OMB No 1545-0047

2008

Department of the Treasury

(Form 990 or 990-EZ)

**SCHEDULE G** 

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

						Inspection
ame of the organization					Employer idei	ntification number
UTLER COUNTY UNITED WA	Y				31-0734490	
Part I Fundraising Act	tivities. Complet	e if the or	ganızatı	on answered "Yes" i	to Form 990, Part IV	, line 17.
Indicate whether the organ	nization raised funds	through an	y of the f	following activities Che	eck all that apply	
<b>a</b> Mail solicitations				e   Solicitation of r	non-government grants	
<b>b</b> Email solicitations				-	government grants	
c Phone solicitations				g   Special fundrais	sing events	
<b>d</b> In-person solicitations						
or key employees listed in	Form 990, Part VII	) or entity i	n connec	tion with professional f	undraising activities?	<b>Ves V</b>
to be compensated at leas		(iii) I	orm 990 Dıd er have	-EZ filers are not requi	red to complete this ta	
		anization F	orm 990 Did er have dy or ol of		red to complete this ta	ble
to be compensated at leas  (i) Name of individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
(i) Name of individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of Individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)
to be compensated at leas  (i) Name of individual	t \$5,000 by the org	(iii) I fundraise custoe contro	orm 990 Did er have dy or ol of tions?	-EZ filers are not requi	(v) A mount paid to (or retained by) fundraiser listed in	(vi) A mount paid to (or retained by)

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

Pai		Fundraising Events. Components than \$15,000 on Form					r repor	ted
			(a) Event #1  GOLF OUTING (event type)	(b) Event #2  REGIONAL DAY OF ACTION (event type)	(c) O ther Events (total number)	(A dd co	otal Eve ol <b>(a)</b> th ol <b>(c)</b> )	
<u>⊕</u>	1		14,714				2	0,714
Revenue	2	Gross receipts Less Charitable	0	6,000				6,000
Re	3	contributions	14,714				1	4,714
		minus line 2)						
	4	Cash Prizes						
ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ច ច	7	Other direct expenses	5,733	3,912				9,645
Direct	8	Direct expense summary Add line	es 4 through 7 in column	(d)				9,645
	9	Net income summary Combine lin						5,069
Par	t II	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	rt IV, line 19, or rep	orted mo	re thai	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		al gamıng through co	
ш.	1	Gross revenue						
မှ	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
⊡ ⊡	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌────────────────────────────────────	☐ Yes% ☐ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				
9 a b	Ent Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	tion operates gaming act	ivities		. 9a	Yes	No
10a b		re any of the organization's gaming l Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10	a	
11		es the organization operate gaming a	ictivities with nonmembe	rs?				
12	Is t	the organization operate gaining a the organization a grantor, beneficiar med to administer charitable gaming	y or trustee of a trust or					

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Schedule I

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

OMB No 1545-0047

DLN: 93493035009020

Department of the Treasury

(Form 990)

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

Open to Public

Name of the organization						Employer identif	ication number
BUTLER COUNTY UNITED WA	. Y					31-0734490	
Part I General Inform	mation on Gra	nts and Assistance	е			•	
<ol> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the organization</li> </ol>	d to award the gra	nts or assistance?					✓ Yes 🗀
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if addi	ny recipient that reco tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							25
organizations					-		_

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization answered "Yes" on Form 990, Part I	V, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.		

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

See Additional Data Table

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 FUNDING DECISIONS ARE DETERMINED USING THE FOLLOWING PROGRAM OUTCOMES REVIEW, UNITED WAY'S SIX PARTNERSHIP AGREEMENT CRITERIA, AVAILABLE FUNDS PER IMPACT AREA OUTCOME AND PROGRAM DEVELOPMENT TECHNICAL SUPPORT WAS OFFERED TO ALL PARTNER AGENCIES THROUGHOUT THE YEAR

Software ID: Software Version:

**EIN:** 31-0734490

Name: BUTLER COUNTY UNITED WAY

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

Form 990,Schedule I, Pa	rt II, Grants	<u>and Other Assistar</u>	<u>nce to Governme</u> r	<u>nts and Organiza</u> i	<u>tions in the United</u>	States	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCOHOL & CHEMICAL ABUSE COUNCIL2935 HAMILTON-MASON RD HAMILTON,OH 45011	31-0784671	501 (C)(3)	64,380				SUBSTANCE ABUSE PREVENTION AND FAMILY MEDIATION PROJECT
BIG BROTHERS BIG SISTERS OF BUTLER COUNTY INC5539 EUREKA DR HAMILTON,OH 45011	31-0846147	501 (C)(3)	121,460				MENTORING PROGRAMS
BOYS & GIRLS CLUB OF HAMILTON INC958 EAST AVE HAMILTON,OH 45011	31-0616383	501 (C)(3)	112,200				AFTER SCHOOL YOUTH DEVELOPMENT
CATHOLIC CHARITIES SOUTHWESTERN OHIO140 N 5TH ST HAMILTON,OH 45011	31-0536968	501 (C)(3)	170,625				COUNSELING AND SEXUAL ABUSE TREATMENT
CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED2045 GILBERT AVE CINCINNATI,OH 45202	31-0538511	501 (C)(3)	9,450				INDEPENDENT LIVING AND REHABILITATION/EARLY CHILDHOOD AND YOUTH SERVICES
COMMUNITY COUNSELING & CRISIS CENTER110 S COLLEGE AVE OXFORD,OH 45056	31-0804872	501 (C)(3)	79,460				COUNSELING PROGRAMS
DAN BEARD COUNCIL BOY SCOUTS OF AMERICA2331 VICTORY PKWY CINCINNATI,OH 45206	31-0536651	501 (C)(3)	52,517				GENERAL SUPPORT
EVERY CHILD SUCCEEDS 333 BURNET AVE CINCINNATI,OH 45229	31-1628467	501 (C)(3)	12,710				HOME VISITATIONS
FAIRFIELD FOOD PANTRY 1085 MAGIE AVE FAIRFIELD,OH 45014	31-1468906	501 (C)(3)	14,560				GENERAL SUPPORT
GIRL SCOUTS - GREAT RIVERS COUNCIL INC 4930 CORNELL RD CINCINNATI,OH 45242	31-0679091	501 (C)(3)	22,500				LEADERSHIP PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
GREAT MIAMI VALLEY YMCA - HAMILTON CENTRAL BRANCH105 N 2ND ST HAMILTON,OH 45011	31-0536719	501 (C)(3)	65,280				AFTER SCHOOL AND SUMMER INTERVENTION PROGRAM	
HAMILTON LIVING WATER MINISTRY INC 734 SYCAMORE ST HAMILTON,OH 45011	26-2606598	501 (C)(3)	52,221				NEIGHBORHOOD SERVICE CENTER AND CHILDREN'S AND TEEN CENTER	
LIFESPAN INC1900 FAIRGROVE AVE HAMILTON,OH 45011	31-0536660	501 (C)(3)	123,450				COUNSELING SERVICES	
LIGHTHOUSE MINISTRIES626 RIDGELAWN AVE HAMILTON,OH 45011	31-1577220	501 (C)(3)	23,930				FOOD PANTRY AND GENERAL SUPPORT	
MERCY FRANCISCAN AT ST RAPHAEL INC610 HIGH ST HAMILTON,OH 45011	20-2934871	501 (C)(3)	81,663				NURSING, EMERGENCY HOUSING SERVICES AND CHOICE PANTRY	
PARACHUTE SPECIAL ADVOCATES FOR CHILDREN OF BUTLER COUNTY282 N FAIR AVE HAMILTON,OH 45011	31-1230170	501 (C)(3)	50,000				GENERAL SUPPORT	
PARTNERS IN PRIME140 ROSS AVE HAMILTON,OH 45013	31-0569735	501 (C)(3)	81,394				GENERAL SUPPORT, TRANSPORTATION SERVICES AND SENIOR CENTERS	
PEOPLE WORKING COOPERATIVELY INC 4612 PADDOCK RD CINCINNATI,OH 45229	31-0859104	501 (C)(3)	18,020				EMERGENCY HOME REPAIR	
SALVATION ARMY235 LUDLOW ST HAMILTON,OH 45011	13-5562351	501 (C)(3)	23,823				HELPING HANDS KITCHEN AND EMERGENCY SERVICES	
SHARED HARVEST FOODBANK INC5901 DIXIE HWY FAIRFIELD,OH 45014	31-1096571	501 (C)(3)	66,840				BACK PACK PROGRAM AND FOODBANK	

Form 990,Schedule I,	Part II, Grai	<u>its and Other As</u>	sistance to Gov	<u>ernments and O</u>	rganizations in	the United States	5
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH ORPHANAGE282 N FAIR AVE HAMILTON,OH 45011	31-0537147	501 (C)(3)	45,000				CARE CASE MANAGEMENT
SUPPORTS TO ENCOURAGE LOW- INCOME FAMILIES1790 ABS ERIE BLVD HAMILTON,OH 45012	31-1445223	501 (C)(3)	46,080				HOMELESS SUPPORT AND LITERACY PROGRAM
YWCA OF HAMILTON OHIO244 DAYTON ST HAMILTON,OH 45011	31-0537167	501 (C)(3)	171,240				SHELTER SUPPORT AND LITERACY PROGRAM
AMERICAN RED CROSS 112 N 2ND ST HAMILTON,OH 45011	53-0196605	501 (C)(3)	38,907				GENERAL SUPPORT
NEW LIFE BAPTIST MISSION415 HENRY ST HAMILTON,OH 45011	11-3645996	501 (C)(3)	6,327				FOOD FOR THE HOLIDAYS

DLN: 93493035009020

### OMB No 1545-0047

Open to Public Inspection

### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization **Employer identification number** BUTLER COUNTY UNITED WAY Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . . . . Loans to and/or From Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (b) Loan to or Approved (e) In (g)Written (a) Name of interested person and from the (c)Original principal (d)Balance due default? by board or agreement? organization? purpose amount committee? Τо From Yes No Yes No Yes No Total **Grants or Assistance Benefitting Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization

#### Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	organı reve	aring of zation's nues?
S DENISE SOMMERS	FAMILY MEMBER OF TWO BOARD MEMBERS, ROBERT SOMMERS AND MELISSA HOWARD	47,688	EMPLOYMENT	Yes	No No

## OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE 0**

(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.

Name of the organization BUTLER COUNTY UNITED WAY

**Employer identification number** 

31-0734490

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	•	RESOURCE DEVELOPMENT LEVERAGES RESOURCES SO THAT IMPORTANT COMMUNITY NEEDS ARE MET RESOURCES ARE IN THE THE FORM OF INDIVIDUAL AND CORPORATE FINANCIAL CONTRIBUTIONS, SPONSORSHIP SUPPORT, LOCAL/REGIONAL GRANTS, VOLUNTEER TIME, AND IN-KIND DONATIONS Expenses \$ 16859 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	UNITED WAY DUES Expenses \$ 13935 including grants of \$ 0 Revenue \$ 0

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TRUSTEES ROBERT SOMMERS AND MELISSA HOWARD HAVE A FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		THE ORGANIZATION HAS AN ANNUAL MEETING COMMUNITY MEMBERS ARE INVITED TO ATTEND AND ANY COMMUNITY MEMBER OVER AGE 18 MAY ELECT ELIGIBLE BOARD MEMBERS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A COPY OF THE FORM 990 IS REVIEWED BY TE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ASKS THE BOARD OF TRUSTEES TO DISCLOSE ANY CONFLICT OF INTEREST ISSUES ON AN ANNUAL BASIS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE CEO RECEIVES AN ANNUAL PERFORMANCE REVIEW BY THE BOARD OF TRUSTEES A FAVORABLE REVIEW LEADS TO A COMPENSATON INCREASE IF FUNDS ARE AVAILABLE THE UNITED WAY OF AMERICA SALARY SURVEY IS USED IN AN EFFORT TO KEEP COMPENSATION AT THE INDUSTRY STANDARD THE COO/CFO RECEIVE AN ANNUAL PERFORMANCE REVIEW FROM THE CEO THE UNITED WAY OF AMERICA SALARY SURVEY IS USED IN AN EFFORT TO KEEP COMPENSATION AT THE INDUSTRY STANDARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC THE ORGANIZATION DOES PUBLISH AN ANNUAL REPORT WHICH IS OWN ITS WEBSITE

ldentifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THE PROCESS HASN'T CHANGED FROM PRIOR YEAR

#### **Additional Data**

Software ID: Software Version:

**EIN:** 31-0734490

Name: BUTLER COUNTY UNITED WAY

#### Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

CONNECT RESOURCES TO IMPORTANT COMMUNITY NEEDS. THE ORGANIZATION FOCUSES ON THE MOST IMPORTANT HUMAN SERVICE NEEDS FACING THE COMMUNITY AND USES A VARIETY OF METHODS TO COMMUNICATE WITH COMMUNITY MEMBERS IN ORDER TO PRIORITIZE THE ISSUES AND DETERMINE THE PROPER SOLUTIONS TO THESE PROBLEMS. WHETHER THIS MEANS GRANT WRITING, FUNDRAISING, OR COLLABORATING WITH COMMUNITY PARTNERS, THE ORGANIZATION USES COMMUNITY INPUT TO SOLVE COMMUNITY ISSUES.

### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CONNECT RESOURCES TO IMPORTANT COMMUNITY NEEDS. THE ORGANIZATION FOCUSES ON THE MOST IMPORTANT HUMAN SERVICE NEEDS FACING THE COMMUNITY AND USES A VARIETY OF METHODS TO COMMUNICATE WITH COMMUNITY MEMBERS IN ORDER TO PRIORITIZE THE ISSUES AND DETERMINE THE PROPER SOLUTIONS TO THESE PROBLEMS. WHETHER THIS MEANS GRANT WRITING, FUNDRAISING, OR COLLABORATING WITH COMMUNITY PARTNERS, THE ORGANIZATION USES COMMUNITY INPUT TO SOLVE COMMUNITY ISSUES.