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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>											
<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>Please use IRS label or print or type. See Specific Instructions.</b>				<b>C Name of organization</b> The United Way of the Greater Dayton Area  <b>Doing Business As</b>  <b>Number and street (or P O box if mail is not delivered to street address) Room/suite</b> 33 West First Street No 500  <b>City or town, state or country, and ZIP + 4</b> Dayton, OH 45402				<b>D Employer identification number</b>  31-0536658	
<b>F Name and address of principal officer</b> Allen Elijah 33 West First Street Suite 500 Dayton, OH 45402						<b>E Telephone number</b>  (937) 225-3001					
						<b>G Gross receipts \$</b> 11,195,336					
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>J Website:</b> www.dayton-unitedway.org						<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)					
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						<b>H(c) Group exemption number</b>					
<b>L Year of formation</b> 1942						<b>M State of legal domicile</b> OH					

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities UNITED WAY IS THE ONLY NONPROFIT THAT FOCUSES ON THE BIG COMMUNITY PICTURE IN ORDER TO MEET THE BROAD RANGE OF HEALTH AND HUMAN SERVICE NEEDS. UNITED WAY USES A DUAL APPROACH TO ADDRESS COMMUNITY PROBLEMS - MAKING A DIRECT IMPACT ON IMMEDIATE NEEDS AND FINDING LONG-TERM SOLUTIONS FOR NEEDS THAT CAN BE DIMINISHED. UNITED WAY ACCOMPLISHES ITS MISSION THROUGH SUPPORT FOR LOCAL HEALTH AND HUMAN SERVICE AGENCIES THAT MEET RIGOROUS STANDARDS FOR QUALITY OF SERVICE, FINANCIAL HEALTH, AND BOARD GOVERNANCE AS WELL AS THROUGH DIRECT SERVICES AND COMMUNITY INITIATIVES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 2	
	5	Total number of employees (Part V, line 2a)	5 4	
	6	Total number of volunteers (estimate if necessary)	6 2,41	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 11,351,363	Current Year 10,599,167
	9	Program service revenue (Part VIII, line 2g)	750,396	540,627
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,140	9,118
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	151,145	46,424
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,301,044	11,195,336
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,986,866	7,963,164
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,581,857	2,414,031
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,627,839		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,608,021	1,273,866
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	13,176,744	11,651,061
	19	Revenue less expenses. Subtract line 18 from line 12	-875,700	-455,725
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	14,131,928	12,501,481
	21	Total liabilities (Part X, line 26)	8,001,992	6,497,121
	22	Net assets or fund balances. Subtract line 21 from line 20	6,129,936	6,004,360

<b>Part II Signature Block</b>	
<b>Sign Here</b>	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
	<div>*****</div> <div>Signature of officer</div> <div>2011-02-14</div> <div>Date</div>
	<div>allen eljah PRESIDENT &amp; CEO</div> <div>Type or print name and title</div>
<b>Paid Preparer's Use Only</b>	<div>Preparer's signature</div> <div>Todd R Roberts</div> <div>Date</div> <div>Check if self-employed <input type="checkbox"/></div> <div>Preparer's identifying number (see instructions)</div>
	<div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>Brady Ware &amp; Schoenfeld Inc</div> <div>One South Main Street Suite 600</div> <div>Dayton, OH 454022088</div> <div>EIN</div> <div>Phone no (937) 223-5247</div>

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

OUR MISSION IS TO MEET HUMAN SERVICE NEEDS AND FIND LONG-TERM SOLUTIONS IN THE DAYTON REGION BY ENGAGING THE GREATEST NUMBER OF DONORS, LEADERS, AND VOLUNTEERS AND PARTNERING TO ADVANCE THE COMMON GOOD UNITED WAY GENERATES FINANCIAL AND VOLUNTARY CONTRIBUTIONS TO MEET LOCAL NEEDS AND MAKE LASTING IMPROVEMENT TO THE REGION'S QUALITY OF LIFE

2

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

☒

 Yes 

☒

 No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒

 Yes 

☒

 No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 8,454,135 including grants of \$ 7,959,192 ) (Revenue \$ 347,360 )

COMMUNITY SOLUTIONS FUND ALLOCATIONS, VOLUNTEER CONNECTION, AND DONOR DESIGNATIONSUNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF EDUCATION, INCOME AND BASIC NEEDS, AND HEALTH AND WELL-BEING KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND MAKE TOUGH DECISIONS ON HOW BEST TO MEET THE NEEDS AND FILL GAPS WITH GRANTS FROM THE COMMUNITY SOLUTIONS FUND IN FISCAL YEAR 2010 THESE PROGRAMS SERVED MORE THAN 371,000 CHILDREN AND ADULTS IN THE DAYTON REGION VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCES CENTER THAT LINKS ADULT AND YOUTH INDIVIDUALS AND GROUPS TO ONGOING AND ONE-TIME VOLUNTEER OPPORTUNITIES IN FISCAL YEAR 2010 VOLUNTEER CONNECTION MADE 8,587 REFERRALS TO VOLUNTEER OPPORTUNITIES AND PLACED 2,259 INDIVIDUALS IN DAYS-OF-SERVICE PROJECTS UNITED WAY ALSO DISTRIBUTES CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES AS A SERVICE TO DONORS PARTICIPATING IN THE ANNUAL UNITED WAY CAMPAIGN OR COMBINED FEDERAL CAMPAIGN

4b

(Code ) (Expenses \$ 644,223 including grants of \$ 4,727 ) (Revenue \$ 98,911 )

UNITED WAY'S HELPLINK 2-1-1 IS A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL SERVICE PROVIDED 24-HOURS-A-DAY, 365-DAYS-A-YEAR HELPLINK MAINTAINS THE REGION'S MOST COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES AND IS CONNECTED WITH SERVICES THROUGHOUT THE STATE AND COUNTRY HELPLINK OFFERS INFORMATION AND SCHEDULING ASSISTANCE FOR THE EARNED INCOME TAX CREDIT AND CONDUCTS OUTREACH TO DISLOCATED WORKERS HELPLINK ALSO PROVIDES AN AFTER-HOUR ANSWERING SERVICE FOR NONPROFIT AND GOVERNMENT AGENCIES AND CASE CONSULTATION FOR CHURCHES AND INSTITUTIONAL SOCIAL WORK DEPARTMENTS IN FISCAL YEAR 2010 HELPLINK ASSISTED 141,510 CALLERS

4c

(Code ) (Expenses \$ 296,188 including grants of \$ 0 ) (Revenue \$ 89,992 )

AFL-CIO COMMUNITY SERVICES PROVIDES AN EMERGENCY FOOD PANTRY AND OTHER SERVICES FOCUSED ON, BUT NOT LIMITED TO, DISLOCATED WORKERS AND THEIR FAMILIES EMERGENCY FOOD, CASE MANAGEMENT, ESPECIALLY HELP NAVIGATING THE HUMAN SERVICE SYSTEM AND APPYLING FOR STATE AND FEDERAL BENEFITS INCLUDING THE EARNED INCOME TAX CREDIT, FINANCIAL LITERACY AND TEMPORARY FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FORECLOSURE PREVENTION, AND/OR DEBT MANAGEMENT IN FISCAL YEAR 2010, THE FOOD PANTRY PROVIDED 56,370 MEALS TO 1,125 FAMILIES COMPRISED OF 3,758 MEN, WOMEN AND CHILDREN

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 127,765 including grants of \$ 2,500 ) (Revenue \$ 4,364 )











4e

Total program service expenses

\$ 9,522,311

Form 990 (2009)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	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	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or 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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	5	
		1b	0	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .				
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	44	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .			3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .			3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .			4a	No
b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .			7a	No
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders . . . . .			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	27	
b	Enter the number of voting members that are independent . . .	1b	27	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
b	If "Yes," 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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Allen Elijah 33 West First Street Suite 500 Dayton, OH 45402 (937) 225-3001





1b	Total . . . . .	300,810	0	53,756
----	-----------------	---------	---	--------

2

Total number of individuals (including but not limited to those listed above) 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> . . . . .		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization		
	0		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,599,167				
	g	Noncash contributions included in lines 1a-1f \$ 17,500						
	h	Total. Add lines 1a-1f . . . . .			10,599,167			
Program Service Revenue			Business Code					
	2a	Campaign Administratio	541,900	379,085	379,085			
	b	Information & Referral	624,100	98,911	98,911			
	c	Rental Income	531,120	62,631	62,631			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			540,627			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .			9,118		9,118	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
		b Less direct expenses . . . . .		b				
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19 . . . . .		a					
	b Less direct expenses . . . . .		b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .		a					
	b Less cost of goods sold . . . . .		b					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Investment Income		624,100	46,424			46,424	
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .			46,424				
12	Total revenue. See Instructions . . . . .			11,195,336	540,627	0	55,542	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,963,164	7,963,164		
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 . . . . .	300,811	130,960	47,430	122,421
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	1,421,554	689,394	104,984	627,176
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	237,636	105,785	19,824	112,027
9	Other employee benefits . . . . .	259,466	112,230	16,550	130,686
10	Payroll taxes . . . . .	194,564	81,021	23,936	89,607
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	5,187	1,695	958	2,534
c	Accounting . . . . .	27,950		6,987	20,963
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	237,258	131,286	17,862	88,110
12	Advertising and promotion . . . . .	173,558	54,080	25,727	93,751
13	Office expenses . . . . .	33,862	17,542	3,356	12,964
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	253,121	111,723	31,764	109,634
17	Travel . . . . .	19,806	7,521	1,226	11,059
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	15,799	5,012	2,131	8,656
20	Interest . . . . .				
21	Payments to affiliates . . . . .	17,567	5,270	3,514	8,783
22	Depreciation, depletion, and amortization . . . . .	28,588	8,971	5,605	14,012
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 )				
a	Equipment Rental & Main	154,694	49,389	27,903	77,402
b	National Dues	98,361		98,361	
c	Administration Fee - CF	75,000		24,750	50,250
d	Telephone	53,792	31,364	3,134	19,294
e	Loss on Disposal of Ass	27,198		27,198	
f	All other expenses	52,125	15,904	7,711	28,510
25	Total functional expenses. Add lines 1 through 24f	11,651,061	9,522,311	500,911	1,627,839
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			651,459	1	850,999
	2	Savings and temporary cash investments . . . . .			2,162,674	2	876,685
	3	Pledges and grants receivable, net . . . . .			4,038,767	3	3,825,240
	4	Accounts receivable, net . . . . .			573,921	4	126,667
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .				9	11,622
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	156,500			
	b	Less accumulated depreciation . . . . .	10b	55,104	62,618	10c	101,396
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .			3,975,662	12	4,770,386
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			2,666,827	15	1,938,486
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			14,131,928	16	12,501,481
Liabilities	17	Accounts payable and accrued expenses . . . . .			343,816	17	171,889
	18	Grants payable . . . . .			7,658,176	18	6,325,232
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			8,001,992	26	6,497,121
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			1,488,553	27	1,304,887
	28	Temporarily restricted net assets . . . . .			2,451,981	28	2,380,679
	29	Permanently restricted net assets . . . . .			2,189,402	29	2,318,794
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			6,129,936	33	6,004,360
	34	Total liabilities and net assets/fund balances . . . . .			14,131,928	34	12,501,481

**Part XI Financial Statements and Reporting**

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization The United Way of the Greater Dayton Area	Employer identification number 31-0536658
---	--

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,749,108	13,891,067	13,058,989	11,351,363	10,604,947	63,655,474
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,749,108	13,891,067	13,058,989	11,351,363	10,604,947	63,655,474
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						63,655,474

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	14,749,108	147,831	13,058,989	11,351,363	10,604,947	63,655,474
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	316,792	147,831	245,726	199,285	55,542	965,176
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						64,620,650

12

Gross receipts from related activities, etc (See instructions )

12

13

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 510 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	98 260 %

- 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization
- 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:  
Software Version:  
EIN: 31-0536658  
Name: The United Way of the Greater Dayton Area

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

4d. Other program services					
(Code	) (Expenses \$	127,765	including grants of \$	2,500	) (Revenue \$ 4,364 )
PREBLE AND GREENE COUNTY PROGRAM SERVICES					

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen Elijah President and CEO	40 00	X		X		X		113,292	0	20,675
Gary Auman Chairman of the Board	5 00	X		X				0	0	0
Pamela Morris First Vice Chair	5 00	X		X				0	0	0
Arthur Harlan Treasurer	5 00	X		X				0	0	0
Steven Angle Director	5 00	X						0	0	0
Dan Berry Director	5 00	X						0	0	0
Frederick Boyle Director	5 00	X						0	0	0
Robert Curry director	5 00	X						0	0	0
Daniel Davis director	5 00	X						0	0	0
John Donnellan director	5 00	X						0	0	0
Steve Earman Director	5 00	X						0	0	0
Nicholas Edwards director	5 00	X						0	0	0
Jeff Frymier director	5 00	X						0	0	0
Dr Perry Henderson Jr Director	5 00	X						0	0	0
David Kinsaul director	5 00	X						0	0	0
Daniel Kugel Director	5 00	X						0	0	0
John Larock director	5 00	X						0	0	0
Deborah Lieberman director	5 00	X						0	0	0
Marc Martens director	5 00	X						0	0	0
Jane Marx director	5 00	X						0	0	0
Charles Morton Director	5 00	X						0	0	0
JP Nauseef director	5 00	X						0	0	0
William Nix director	5 00	X						0	0	0
Matthew Schmitz director	5 00	X						0	0	0
Patti Schwarztrauber director	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Julie Terilli Director	5 00	X						0	0	0
Willie Thorpe Director	5 00	X						0	0	0
Wesley Wells Director	5 00	X						0	0	0
Jayne Klose Senior VP Resource & Dev	40 00				X			88,433	0	26,551
Teri Warwick CFO & Chief Operating Of	40 00				X			99,085	0	6,530

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Equipment Rental & Main	154,694	49,389	27,903	77,402
National Dues	98,361		98,361	
Administration Fee - CF	75,000		24,750	50,250
Telephone	53,792	31,364	3,134	19,294
Loss on Disposal of Ass	27,198		27,198	

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
The United Way of the Greater Dayton Area

Employer identification number  
31-0536658

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	2,580,838	3,287,225			
b Contributions . . . . .					
c Investment earnings or losses . . . . .	326,869	-549,327			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	125,669	130,108			
f Administrative expenses . . . . .	26,493	26,952			
g End of year balance . . . . .	2,755,545	2,580,838			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 15 850 % %

b

Permanent endowment ▶ 84 150 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		156,500	55,104	101,396
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				101,396

Schedule D (Form 990) 2009





Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	11,195,336
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,651,061
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-455,725
4	Net unrealized gains (losses) on investments	4	223,994
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	106,155
9	Total adjustments (net) Add lines 4 - 8	9	330,149
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-125,576

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	7,007,880
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	223,994
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	106,155
e	Add lines 2a through 2d . . . . .	2e	330,149
3	Subtract line 2e from line 1 . . . . .	3	6,677,731
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	4,517,605
c	Add lines 4a and 4b . . . . .	4c	4,517,605
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	11,195,336

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	7,133,456
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	7,133,456
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	4,517,605
c	Add lines 4a and 4b . . . . .	4c	4,517,605
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	11,651,061

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	THE UNITED WAY OF THE GREATER DAYTON AREA IS A NONPROFIT ORGANIZATION. THE ORGANIZATION ENGAGES IN FUNDRAISING THROUGH ANNUAL PLEDGE CAMPAIGNS. SUPPORT RECEIVED IS THEN USED TO SUPPORT VARIOUS NONPROFIT AGENCIES WITHIN THE GREATER DAYTON AREA THROUGH ITS PROGRAMS AND GRANTS.
		PART XI, LINE 8 AND PART XII, LINE 2D - OTHER ADJUSTMENTS: GAIN ON PERPETUAL INTEREST IN TRUST \$221,957; DECREASE IN CASH VALUE OF LIFE INSURANCE \$(115,802); PART XII, LINE 4b - OTHER, PART XIII, LINE 4b - OTHER DONOR DESIGNATION \$4,517,605.

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
The United Way of the Greater Dayton Area

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number

31-0536658

Part I General Information on Grants and Assistance

1

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

☐ Yes ☒ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

▶ 165

3

Enter total number of other organizations . . . . .

▶ 0

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

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

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

[illegible]

Software ID:

Software Version:

EIN: 31-0536658

Name: The United Way of the Greater Dayton Area

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(SICSA) The Society for the Improvement of Conditions for Stray Animals 2600 Wilmington Pike Kettering, OH 45419	23-7367199	501(c) (3)	30,950				Program Operating Costs
4 Paws For Ability Inc 207-253 Dayton Avenue Xenia, OH 45385	31-1625484	501(c) (3)	5,981				Program Operating Costs
A Special Wish Foundation Inc 436 Valley Street Dayton, OH 45404	31-1234314	501(c) (3)	50,644				Program Operating Costs
A Special Wish Foundation 1250 Memory Lane columbus, OH 43209	31-1055537	501(c) (3)	8,025				Program Operating Costs
AALAS Foundation 9190 Crestwyn Hills Drive Memphis, TN 38125	36-2445091	501(c) (3)	9,978				Program Operating Costs
AFL-CIO Labor Food Panty 6550 Poe Avenue DAYTON, OH 45414	31-1757115	501(c) (3)	13,034				Program Operating Costs Program Operating Costs
AFMMAA 1270 NORTH FAIRFIELD ROAD DAYTON, OH 45432	31-1789949	501(c) (3)	18,300				Program Operating Costs
Aid to Africa 6909 RIDGEWOOD AVENUE CHEVY CHASE, MD 20815	06-1703295	501(c) (3)	7,318				Program Operating Costs
AIDS Resource Center Ohio 15 WEST FOURTH STREET SUITE 200 DAYTON, OH 45402	31-1256541	501(c) (3)	46,714				Program Operating Costs
AIM for the Handicapped 945 DANBURY ROAD DAYTON, OH 45420	31-6059936	501(c) (3)	10,219				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Cancer Society Southwest Regional Office 2808 READING ROAD CINCINNATI, OH 45206	34-0726080	501(c)(3)	14,527				Program Operating Costs
American Red Cross 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(c)(3)	809,941				Program Operating Costs
American Red Cross Dayton Area Chapter 370 West First Street DAYTON, OH 45401	31-0537493	501(c)(3)	78,671				Program Operating Costs
America's Charities 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501(c)(3)	44,678				Program Operating Costs
AMVETS Charities 4647 FORBES BOULEVARD LANHAM, MD 20706	52-1151181	501(c)(3)	14,331				Program Operating Costs
Angel Flight of Ohio 4620 HAYGOOD ROAD SUITE 1 VIRGINIA BEACH, VA 23455	42-1528388	501(c)(3)	8,529				Program Operating Costs
Animal Charities of America 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94925	94-3193389	501(c)(3)	68,561				Program Operating Costs
Animal Welfare League of Clark County 701 BASSWOOD DRIVE SPRINGFIELD, OH 45504	31-6060287	501(c)(3)	10,632				Program Operating Costs
Antioch University 795 LIVERMORE STREET YELLOW SPRINGS, OH 45387	31-0536640	501(c)(3)	19,981				Program Operating Costs
Artemis Center for Alternatives to Domestic Violence 310 WEST MONUMENT AVE THIRD FLOOR DAYTON, OH 45402	31-1120194	501(c)(3)	174,235				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Arthritis Foundation Ohio River Valley Chapter7124 MIAMI AVENUE CINCINNATI, OH 45243	31-6043937	501(c) (3)	13,349				Program Operating Costs
Aullwood Audubon Center and Farm1000 AULLWOOD ROAD DAYTON, OH 45414	31-0968010	501(c) (3)	6,532				Program Operating Costs
Beaver Creek Wetlands AssociationP O Box 42 ALPHA, OH 45301	31-1241944	501(c) (3)	13,986				Program Operating Costs
Beavercreek Christian Learning Center - Beavercreek Church of the Nazarene1850 NORTH FAIRFIELD ROAD BEAVERCREEK, OH 45432	31-0836912	501(c) (3)	7,559				Program Operating Costs
Big Brothers Big Sisters of the Greater Miami Valley2211 Arbor Blvd Moraine, OH 45439	31-0641306	501(c) (3)	112,728				Program Operating Costs
Boy Scouts of America Miami Valley Council4999 Northcutt Place DAYTON, OH 45413	31-0537124	501(c) (3)	55,345				Program Operating Costs
Boy Scouts of America Tecumseh326 SOUTH THOMPSON AVENUE SPRINGFIELD, OH 45506	31-0536966	501(c) (3)	41,436				Program Operating Costs
Boys & Girls Club Dayton1828 WEST STEWART DAYTON, OH 45408	31-0536657	501(c) (3)	153,778				Program Operating Costs
Boys Hope & Girls Hope of Greater Cincinnati4225 MALSARY ROAD SUITE 208 CINCINNATI, OH 45242	31-1054816	501(c) (3)	5,051				Program Operating Costs
Building Bridges Inc2157 SALEM AVENUE DAYTON, OH 45406	23-7385526	501(c) (3)	10,356				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Butler County United Way323 NORTH THIRD STREET HAMILTON, OH 45011	31-0734490	501(c) (3)	8,452				Program Operating Costs
Camp Fire USA Greater Dayton Council4301 POWELL ROAD DAYTON, OH 45424	31-0544266	501(c) (3)	37,660				Program Operating Costs
CancerCure1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	81-0648432	501(c) (3)	73,817				Program Operating Costs
Catholic Social Services of the Miami Valley922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(c) (3)	406,029				Program Operating Costs
Center for Cultural Awareness 416 COLUMBUS AVENUE SANDUSKY, OH 44870	34-1779344	501(c) (3)	49,517				Program Operating Costs
Central State University Foundation1400 BRUSH ROW ROAD PO BOX 1004 WILBERFORCE, OH 45384	31-0749885	501(c) (3)	5,084				Program Operating Costs
Children First - America's Charities14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186795	501(c) (3)	28,502				Program Operating Costs
Children's Charities of America1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94925	94-3148588	501(c) (3)	54,672				Program Operating Costs
Children's Hunger Alliance 181 EAST LIVINGSTON AVENUE COLUMBUS, OH 43215	23-7303509	501(c) (3)	5,878				Program Operating Costs
Children's Medical Charities 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-0093393	501(c) (3)	35,435				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Christian Charities USA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94925	94-3255961	501(c) (3)	51,410				Program Operating Costs
Christian Service Charities 7620 Little River Turnpike Suite 600 Annadale,VA 22003	94-3193374	501(c) (3)	116,639				Program Operating Costs
Clothes That Work1133 SOUTH EDWIN C MOSES BOULEVARD 110 DAYTON,OH 45408	31-1575093	501(c) (3)	14,701				Program Operating Costs
Community Action Partnership of the Greater Dayton Area719 SOUTH MAIN STREET DAYTON,OH 45402	31-0709198	501(c) (3)	38,835				Program Operating Costs
Community Health Charities 200 NORTH GLEBE ROAD 801 ARLINGTON,VA 22203	13-6167225	501(c) (3)	218,603				Program Operating Costs
Community Health Charities of Ohio85 EAST GAY STREET SUITE 505 COLUmbus,OH 43215	31-1055345	501(c) (3)	149,240				Program Operating Costs
Community Shares of Greater Cincinnati103 WILLIAM HOWARD TAFT ROAD CINCINNATI,OH 45219	31-1445067	501(c) (3)	7,262				Program Operating Costs
Community Shares of Mid Ohio3709 NORTH HIGH STREET COLUMBus,OH 43214	31-1363943	501(c) (3)	10,208				Program Operating Costs
Conservation & Preservation Charities of America1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217738	501(c) (3)	20,000				Program Operating Costs
Dakota Center Inc33 BARNETT STREET DAYTON,OH 45402	31-0731056	501(c) (3)	57,795				Program Operating Costs



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARKE COUNTY UNITED WAY INC207 East 4th Street GREENVILLE,OH 45331	34-6551444	501(c) (3)	8,844				Program O perating Costs
DAYBREAK605 SOUTH PATTERSON BOULEVARD DAYTON,OH 45402	31-0864474	501(c) (3)	193,062				Program O perating Costs
DAY-MONT BEHAVIORAL HEALTH CARE INC1520 GERMANTOWN STREET DAYTON,OH 45408	31-0819904	501(c) (3)	17,328				Program O perating Costs
DAYTON CHRISTIAN CENTER1352 WEST RIVERVIEW AVENUE DAYTON,OH 45402	31-1593146	501(c) (3)	8,105				Program O perating Costs
DAYTON OHIO HABITAT FOR HUMANITY3534 Linden Avenue DAYTON,OH 45409	31-1104456	501(c) (3)	15,951				Program O perating Costs
Dayton Public Radio Inc WDPR-FM 881 WDPG-FM 899126 NORTH MAIN STREET DAYTON,OH 45402	31-1007460	501(c) (3)	6,975				Program O perating Costs
Dayton Urban League907 WEST 5TH STREET DAYTON,OH 45402	31-0537503	501(c) (3)	195,152				Program O perating Costs
Dayton Urban Ministry Center 3665 OTTERBEIN AVENUE DAYTON,OH 45406	31-1482732	501(c) (3)	46,154				Program O perating Costs
Diabetes Association of the Dayton AreaSOUTHERN HILLS PLAZA 2555 S DIXIE DRIVE STE 112 KETTERING,OH 45409	31-6084147	501(c) (3)	47,571				Program O perating Costs
Do Unto Others America's Emergency Relief Development and Humanitarian O1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148590	501(c) (3)	17,854				Program O perating Costs

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Down Syndrome Cincinnati Association644 LINN STREET SUITE 1128 CINCINNATI, OH 45203	31-1051378	501(c) (3)	5,064				Program Operating Costs
Earth Share7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501(c) (3)	45,205				Program Operating Costs
Earth Share of Ohio3528 NORTH HIGH STREET SUITE E COLUMBUS, OH 43214	31-1428289	501(c) (3)	15,454				Program Operating Costs
East End Community Services Corporation624 XENIA AVENUE DAYTON, OH 45410	31-1508554	501(c) (3)	79,568				Program Operating Costs
Educate America The Education School Support and Scholarship Funds Coalit 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193387	501(c) (3)	11,781				Program Operating Costs
Elizabeth's New Life Center Dayton359 FOREST AVENUE SUITE 105 DAYTON, OH 45405	31-1381901	501(c) (3)	27,077				Program Operating Costs
Enon Emergency Rescue Squad260 EAST MAIN STREET PO BOX 395 ENON, OH 45323	31-0734624	501(c) (3)	7,765				Program Operating Costs
Enon-Mad River Township Volunteer Fire Association Inc260 EAST MAIN STREET PO BOX 395 ENON, OH 45323	31-0948008	501(c) (3)	5,051				Program Operating Costs
Epilepsy Foundation of Western Ohio7523 BRANDT PIKE HUBER HEIGHTS, OH 45424	31-0920600	501(c) (3)	12,107				Program Operating Costs
Fairborn Senior Center325 NORTH THIRD STREET FAIRBORN, OH 45324	31-0846949	501(c) (3)	21,850				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Service Association of Dayton2211 Arbor Blvd dayton,OH 45439	31-0561485	501(c) (3)	369,917				Program O perating Costs
Family Services Wright-Patterson AFBBLDG 2 DOOR 3 2000 ALLBROOK DRIVE WPAFB,OH 45433	30-0298005	501(c) (3)	9,061				Program O perating Costs
Family Violence Prevention Center of Greene CountyP O Box 271 XENIA,OH 45385	31-0992401	501(c) (3)	109,958				Program O perating Costs
Fisher HouseP O Box 33871 WPAFB,OH 45433	31-1313382	501(c) (3)	40,201				Program O perating Costs
Germantown Community Services468 NORTH MAIN STREET GERMANTOWN,OH 45327	31-1003259	501(c) (3)	8,115				Program O perating Costs
Girl Scouts of Western Ohio 450 SHOUP MILL ROAD DAYTON,OH 45415	31-0579673	501(c) (3)	53,507				Program O perating Costs
Glen Helen Association405 CORRY STREET YELLOW SPRINGS,OH 45387	31-0963193	501(c) (3)	7,579				Program O perating Costs
Global Impact66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA,VA 22314	52-1273585	501(c) (3)	77,802				Program O perating Costs
Good Neighbor House844 SOUTH PATTERSON BLVD DAYTON,OH 45402	31-1374154	501(c) (3)	26,522				Program O perating Costs
Good Shepherd Ministries Administrative OfficeLIFE ENRICHMENT CENTER 425 N FINDLAY STREET DAYTON,OH 45404	31-1748052	501(c) (3)	13,037				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goodwill Easter Seals Miami Valley1511 KUNTZ ROAD DAYTON, OH 45404	31-0537112	501(c) (3)	10,141				Program Operating Costs
Gospel Mission Inc64 BURNS AVENUE PO BOX 1141 DAYTON, OH 45401	31-0543267	501(c) (3)	27,032				Program Operating Costs
Graceworks Lutheran Services6430 INNER MISSION WAY CENTERVILLE, OH 45459	31-0540159	501(c) (3)	58,092				Program Operating Costs
Greater Dayton Area Hospital Association2 Riverplace Suite 400 Dayton, OH 45405	31-1438763	501(c) (3)	6,158				Program Operating Costs
Greater Dayton Public Television110 SOUTH JEFFERSON STREET DAYTON, OH 45402	31-0858459	501(c) (3)	14,042				Program Operating Costs
Habitat for Humanity Dayton Ohio3534 Linden Avenue Dayton, OH 45410	31-1104456	501(c) (3)	11,359				Program Operating Costs
Habitat for Humanity Greene County343 West Ankeney Mill Road Xenia, OH 45385	31-1312175	501(c) (3)	32,711				Program Operating Costs
Health & Medical Research Charities of America1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501(c) (3)	92,993				Program Operating Costs
Health First - America's Charities14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186796	501(c) (3)	16,754				Program Operating Costs
Help Link 2-1-133 West First Street Dayton, OH 45402	31-0536658	501(c) (3)	276,260				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Honor Flight Inc300 EAST AUBURN AVENUE SPRINGFIELD,OH 45505	20-2751460	501(c) (3)	26,204				Program O perating Costs
Hospice of Dayton Inc324 WILMINGTON AVENUE DAYTON,OH 45420	31-0933339	501(c) (3)	103,583				Program O perating Costs
House of Bread9 Orth Avenue DAYton,OH 45402	31-1076425	501(c) (3)	75,506				Program O perating Costs
House of the People40 Holt Street Dayton,OH 45407	31-1012408	501(c) (3)	6,361				Program O perating Costs
Human Care Charities of America1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3067804	501(c) (3)	11,535				Program O perating Costs
Human Service Charities of AmericaP O Box 79770 Baltimore,MD 21279	94-3240353	501(c) (3)	11,037				Program O perating Costs
Humane Society of Greater Dayton1661 NICHOLAS ROAD DAYTON,OH 45418	31-0537073	501(c) (3)	14,182				Program O perating Costs
Humane Society of Greene County187 Bellbrook Avenue XENia,OH 45385	23-7146805	501(c) (3)	28,403				Program O perating Costs
Jewish Federation of Greater DaytonSOIN BUILDING 33 WEST FIRST STREET SUITE 100 DAYTON,OH 45402	31-0537488	501(c) (3)	9,296				Program O perating Costs
Juvenile Diabetes Research Foundation Greater Dayton Chapter1293-H Lyons Road Dayton,OH 45458	23-1907729	501(c) (3)	6,525				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
L&M Products of Preble County201 East Lexington Road Eaton, OH 45320	31-6000062	501(c) (3)	8,895				Program O perating Costs
Legal Aid of Western Ohio333 WEST FIRST STREET SUITE 500A DAYTON, OH 45402	34-1485732	501(c) (3)	74,097				Program O perating Costs
Make-A-Wish Foundation of Central Ohio2545 FARMERS DRIVE STE 300 COLumbus, OH 43235	34-1471131	501(c) (3)	14,627				Program O perating Costs
Medical Research Charities 10 Chestnut Street Salem, MA 01970	94-3148591	501(c) (3)	47,447				Program O perating Costs
Mercy Manor Inc23-25 GROSVENOR AVENUE DAYTON, OH 45417	31-1317248	501(c) (3)	48,941				Program O perating Costs
Miami Valley Hospital Foundation31 WYOMING STREET DAYTon, OH 45409	31-1040231	501(c) (3)	8,891				Program O perating Costs
Miami Valley Literacy Council 18 WEST FIRST STREET DAYTON, OH 45402	23-7120146	501(c) (3)	28,433				Program O perating Costs
Miami Valley Women's Center 2345 WEST STROOP ROAD DAYTO n, OH 45439	31-1068733	501(c) (3)	15,911				Program O perating Costs
Miamisburg Youth Center224 Maple Avenue MIAMISBURG, OH 45343	31-0834260	501(c) (3)	11,786				Program O perating Costs
Middletown Area United Way 300 NORTH MAIN STREET SUITE B MIDDLETOWN, OH 45042	31-0537502	501(c) (3)	7,388				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Military Veterans & Patriotic Service Organizations of America1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193418	501(c) (3)	88,118				Program O perating Costs
National Black United Federation of Charities40 CLINTON STREET 5TH FLOOR NEWARK, NJ 07102	52-1764913	501(c) (3)	6,437				Program O perating Costs
National Public Radio Inc635 MASSACHUSETTS AVENUE NW WASHINGTON, DC 20001	52-0907625	501(c) (3)	6,452				Program O perating Costs
Omega Community Development Corporation118 SALEM AVENUE DAYTON, OH 45406	31-1561713	501(c) (3)	5,545				Program O perating Costs
PFLAG Parents Families and Friends of Lesbians & Gays 1879 Willowgreen Drive Beavercreek, OH 45432	31-1412500	501(c) (3)	5,594				Program O perating Costs
Planned Parenthood of Southwest Ohio Region2314 AUBURN AVENUE CINCINNATI, OH 45219	31-0536688	501(c) (3)	6,004				Program O perating Costs
Postal Employees' Relief Fund 100 INDIANA AVENUE NW WASHINGTON, DC 20001	52-1666010	501(c) (3)	7,842				Program O perating Costs
Preble County Council On Aging800 EAST ST CLAIR STREET EATON, OH 45320	31-0830453	501(c) (3)	40,080				Program O perating Costs
Premier Community Health 601 W RIVERVIEW AVENUE DAYton, OH 45406	31-1122883	501(c) (3)	6,863				Program O perating Costs
Project READSinclair Community College444 W THIRD STREET DAYTON, OH 45402	23-7032312	501(c) (3)	32,466				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Reach Out Montgomery County25 EAST FORAKER DAYton, OH 45409	31-1434282	501(c) (3)	5,975				Program O perating Costs
Ronald McDonald House Charities of the Miami Valley Region Inc555 VALLEY STREET DAYton, OH 45404	31-0964793	501(c) (3)	37,124				Program O perating Costs
Senior Resource Connection222 SALEM AVENUE DAYton, OH 45406	31-0592759	501(c) (3)	286,862				Program O perating Costs
Shelby County United Way121 E North St Sidney, OH 45365	34-4473288	501(c) (3)	369,289				Program O perating Costs
Society of St Vincent dePaul - District Council of Dayton1133 SOUTH EDWIN C MOSES BLVD SUITE 300 DAYton, OH 45408	31-1011485	501(c) (3)	35,896				Program O perating Costs
Special Olympics of Greene County362 DARST ROAD BEAVERCREEK, OH 45440	91-1875370	501(c) (3)	8,388				Program O perating Costs
St Vincent Hotel Inc1133 SOUTH EDWIN C MOSES BLVD SUITE 300 DAYTON, OH 45408	31-1132259	501(c) (3)	87,099				Program O perating Costs
Stillwater Center8100 North Main Street Dayton, OH 45415	31-0801636	501(c) (3)	12,952				Program O perating Costs
Suicide Prevention CenterAddress upon request DAYTon, OH 45401	31-0905854	501(c) (3)	10,322				Program O perating Costs
The Children's Medical Center of DaytonONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(c) (3)	25,056				Program O perating Costs



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Foodbank427 AB WASHINGTON STREET DAYton, OH 45402	86-1082880	501(c) (3)	189,142				Program O perating Costs
The Grandview Foundation 405 GRAND AVENUE DAYton, OH 45405	31-1649591	501(c) (3)	14,202				Program O perating Costs
The Leukemia & Lymphoma Society Inc2300 Wall Street Suite H Cincinnati, OH 45212	13-5644916	501(c) (3)	28,760				Program O perating Costs
Homefull (The O ther Place) 1133 South EDWIN C MOSES BLVD SUITE 306 DAYton, OH 45417	31-1236989	501(c) (3)	25,081				Program O perating Costs
The Salvation Army of the Greater Dayton Area138 SOUTH WILKINSON STREET DAYTon, OH 45402	13-5562351	501(c) (3)	125,802				Program O perating Costs
The Susan G Komen Breast Cancer5005 Linden B Johnson Freeway Suite 250 Dallas, TX 75244	75-1835298	501(c) (3)	8,344				Program O perating Costs
The Tenth Life Pet Therapy Program3944 BARBERRY BLVD BEAVERCREEK, OH 45440	31-1127562	501(c) (3)	45,840				Program O perating Costs
Tipp City Area United Fund Inc12 SOUTH THIRD STREET TIPP CITY, OH 45371	23-7120582	501(c) (3)	9,122				Program O perating Costs
Unified Health Solutions1133 SOUTH EDWIN C MOSES BLVD SUITE 308 DAYton, OH 45408	31-0727292	501(c) (3)	163,438				Program O perating Costs
United Negro College Fund (UNCF)8260 WILLOW OAK CORPORATE DRIVE FAIRFAX, VA 22031	13-1624241	501(c) (3)	16,811				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
United Rehabilitation Services of Greater Dayton 4710 OLD TROY PIKE DAYTON, OH 45424	31-0592919	501(c) (3)	208,075				Program O perating Costs
United Way & Community Chest of Greater Cincinnati 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(c) (3)	8,673				Program O perating Costs
United Way of Clark Champaign & Madison Counties 120 S Center Street SPRINGFIELD, OH 45501	31-0549095	501(c) (3)	45,883				Program O perating Costs
United Way of Clinton County 31 West Street Wilmington, OH 45177	23-7148000	501(c) (3)	9,509				Program O perating Costs
United Way of Greater Cincinnati & N Kentucky 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(c) (3)	22,302				Program O perating Costs
United Way of Greater Lima Inc 616 SOUTH COLLETT STREET LIMA, OH 45805	34-4466356	501(c) (3)	5,751				Program O perating Costs
United Way of Troy Ohio Inc 233 South Market Street TROY, OH 45373	31-0619209	501(c) (3)	40,475				Program O perating Costs
United Way of Warren County 645 OAK STREET LEBANON, OH 45036	23-7132362	501(c) (3)	39,303				Program O perating Costs
United Way of Whitewater Valley 129 South 9th Street Richmond, IN 47374	35-1020935	501(c) (3)	13,269				Program O perating Costs
USO (United Service Organizations Inc) World Headquarters 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(c) (3)	14,211				Program O perating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Volunteer Connection33 West First Street Suite 500 Dayton, OH 45402	31-0536658	501(c) (3)	32,073				Program Operating Costs
We Care Arts Inc3035 WILMINGTON PIKE KETTering, OH 45429	31-1295721	501(c) (3)	15,183				Program Operating Costs
Wellness Connection of the Dayton Region105 SUGAR CAMP CIRCLE SUITE 100 DAYton, OH 45409	16-1665552	501(c) (3)	6,943				Program Operating Costs
Wesley Community Center 3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259	501(c) (3)	66,539				Program Operating Costs
Wishing Star Rescue Foundation2480 ARTHUR ROAD SPRINGFIELD, OH 45502	27-0084973	501(c) (3)	5,294				Program Operating Costs
Womanline Counseling Center 301 EAST SIXTH STREET Dayton, OH 45402	31-0804873	501(c) (3)	16,228				Program Operating Costs
Women Children and Family Service Charities of America 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94925	94-3193386	501(c) (3)	13,046				Program Operating Costs
Wounded Warrior Project7020 A C SKINNER PKWY SUITE 100 JACKSONVILLE, FL 32256	20-2370934	501(c) (3)	6,991				Program Operating Costs
WPAFB Educational Fund Educational Outreach Office 317 SOUTHWOOD TRAIL DAYTON, OH 45432	31-1137465	501(c) (3)	10,999				Program Operating Costs
Xenia Adult Recreation & Services Center130 EAST CHURCH STREET XENia, OH 45385	38-1890999	501(c) (3)	52,812				Program Operating Costs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Yellow Springs Community Children's Center320 CORRY STREET PO BOX 42 YELLOW SPRINGS, OH 45387	31-6001024	501(c) (3)	38,064				Program O perating Costs
Yellow Springs Community Council Inc660 E Yellow Springs Fairfield Road Road YELLOW SPRINGS, OH 45387	31-0969307	501(c) (3)	20,307				Program O perating Costs
YMCA of Greater Dayton111 WEST FIRST STREET SUITE 207 DAYTON, OH 45402	31-0537517	501(c) (3)	112,252				Program O perating Costs
YMCA of Greene County135 EAST CHURCH STREET XEnia, OH 45385	31-0558179	501(c) (3)	13,409				Program O perating Costs
YWCA Dayton141 WEST THIRD STREET DAYton, OH 45402	31-0537168	501(c) (3)	326,882				Program O perating Costs

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization The United Way of the Greater Dayton Area	Employer identification number 31-0536658
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Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</div>		
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>		
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div> <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</div>		
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III.</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div> <div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III.</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</div>		No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Allen Elijah	(i)	113,292	0	0	7,861	12,814	133,967	0
	(ii)	0	0	0	0	0	0	0
Jayne Klose	(i)	88,433	0	0	13,737	12,814	114,984	0
	(ii)	0	0	0	0	0	0	0
Teri Warwick	(i)	99,085	0	0	4,154	2,376	105,615	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990**

**2009**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
**▶ Attach to Form 990.**

**Name of the organization**

The United Way of the Greater Dayton Area

**Employer identification number**

31-0536658

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE UNITED WAY HAS A FINANCE COMMITTEE THAT MEETS MONTHLY AND IS COMPRISED OF A TREASURER, OTHER BOARD MEMBERS, AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS THE TREASURER REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE FULL BOARD OF TRUSTEES THE FINANCE COMMITTEE HAS WORKING KNOWLEDGE OF THE FINANCIAL STATEMENTS, AUDIT PROCESS, AND FINANCIAL PROCEDURES THIS COMMITTEE REVIEWED AND APPROVED THE 990 TAX FORM AS A PART OF ITS MEETING PRIOR TO THE FILING THE MONTHLY FINANCIAL STATEMENTS, AUDITED FINANCIAL STATEMENTS, AND 990 ARE ALSO DISTRIBUTED TO THE CHAIRMAN AND VICE CHAIRMAN OF THE BOARD
Form 990, Part VI, Section B, line 12c		THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, ORGANIZATION, AND VOLUNTEERS ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT THE POLICY STATEMENTS ARE RESIGNED ANNUALLY
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS THE CEO DETERMINES KEY EMPLOYEE COMPENSATION USING THE SAME PROCESS
Form 990, Part VI, Section C, line 19		THE 990 IS PUBLISHED ON THE UNITED WAY WEBSITE AND IS ALSO AVAILABLE BY REQUEST ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE UPON REQUEST TO THE PUBLIC
FORM 990, PART XI, LINE 2C	DOES THE ORGANIZATION HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY ?	THE FINANCE COMMITTEE PERFORMS THESE FUNCTIONS