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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	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	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010										
B Check if applicable <input 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		Please use IRS label or print or type. See Specific Instructions.	C Name of organization BUTLER COUNTY UNITED WAY					D Employer identification number 31-0734490		
			Doing Business As					E Telephone number (513) 863-0800		
			Number and street (or P O box if mail is not delivered to street address) 323 NORTH THIRD STREET				Room/suite	G Gross receipts \$ 2,224,130		
			City or town, state or country, and ZIP + 4 HAMILTON, OH 45011							
			F Name and address of principal officer JAN TROUTMAN 323 NORTH THIRD STREET HAMILTON, OH 45011				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
							H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
							H(c) Group exemption number ▶			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
J Website: ▶ WWW.BC-UNITEDWAY.ORG										
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶						L Year of formation 1920		M State of legal domicile OH		






Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>CONNECT RESOURCES TO IMPORTANT COMMUNITY NEEDS</u>	
	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 <u>12</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>12</u>
	5	Total number of employees (Part V, line 2a)	5 <u>12</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>65</u>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u>0</u>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u>0</u>

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,602,999	2,125,255
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,690	23,682
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,716	54,495
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,618,973	2,203,432
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,557,168
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)	632,578	495,541
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <u>222,739</u>		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	311,927	209,898
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,501,673	2,142,291
19		Revenue less expenses Subtract line 18 from line 12	117,300	61,141
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	3,372,744	2,664,408
	21	Total liabilities (Part X, line 26)	2,655,736	1,795,136
	22	Net assets or fund balances Subtract line 21 from line 20	717,008	869,272

Part II	Signature Block
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<div> <div>Sign Here</div> </div>	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	
	*****	2011-02-11
	Signature of officer	Date
	JAN TROUTMAN CFO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  Robin M Dennis	Date 2011-02-10	Check if self-employed  <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  CLARK SCHAEFER HACKETT CO 160 NORTH BREIEL BLVD MIDDLETOWN, OH 45042			EIN 
				Phone no  (513) 424-5000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization’s mission

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

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 \$ 1,531,713 including grants of \$ 1,436,852) (Revenue \$)
EVALUATION AND INVESTMENT ACTION COUNCIL - TWO SPECIFIC ACTION COUNCILS, COMPRISED OF COMMUNITY CITIZENS(INCLUDING ISSUE AND PROGRAM EXPERTS) DEVOTED EFFORTS AND DEVELOPED A STREAMLINED ALLOCATION PROCESS THAT RESPONDED TO THE BOARD'S ENDS, THE COMMUNITY'S NEED PERSPECTIVE AND ULTIMATELY PRESCRIBING OUTCOMES TO ACHIEVE THE ENDS THE 35 VOLUNTEERS CREATED, MANAGED AND IMPLEMENTED THE PROCESS ALLOCATING FUNDS TO ABOUT 30 AREA ORGANIZATIONS IMPACT COUNCIL - EIGHTEEN COMMUNITY LEADERS AND CITIZENS DEVOTED TIME TO CREATE A COMMUNITY AGENDA APPROACH TO ALLOCATING UNITED WAY DOLLARS COMMUNITY SUMMITS WERE HELD THROUGHOUT THE COUNTY TO ENSURE A COMMUNITY ENGAGEMENT PROCESS WAS FOLLOWED DATA FACTS GROUNDED THE PROCESS INFORMING SUMMIT ATTENDEES ON THE DEMOGRAPHIC AND NEED PROFILE STATUS IN BUTLER COUNTY RESULTS FROM THE PROCESS REVEALED TOP LEVEL GOALS AND OUTCOMES	

4b	(Code) (Expenses \$ 200,029 including grants of \$ 0) (Revenue \$)
COLLABORATIVES THE ORGANIZATION WORKS WITH A VARIETY OF LOCAL NON-PROFITS, GOVERNMENT ENTITIES AND FAITH-BASED INITIATIVES TO MAXIMIZE LOCAL RESOURCES KEY COLLABORATIONS THAT GENERATED REVENUE OUTSIDE THE ANNUAL CAMPAIGN WERE CENTER FOR FAMILY SOLUTIONS, BUTLER COUNTY EARNED INCOME TAX CREDIT INITIATIVE, HOLIDAY COMMUNITY PROJECT, UTILITY COALITION AND THE BRIDGES COALITION BROKERING SOLUTION IS THE FOCAL POINT IN EACH INITIATIVE DISCUSSION AND PROJECT CONCLUSIONS CREATE NEW COLLABORATIONS, REDUCED COSTS AND INCREASED EFFICIENCIES THE COMMUNITY GRANT CONSORTIUM CONNECTS LOCAL ORGANIZATIONS, FOR FREE, WITH FUNDS OUTSIDE OF THE COUNTY THROUGH GRANT WRITING EFFORTS THESE FUNDS HELP SUPPORT CREATIVE NEW PROJECTS AS WELL AS ESTABLISHED PROGRAMS THAT HAVE DEMONSTRATED RESULTS FOR THE YEARS ENDED JUNE 30, 2010 AND 2009, THE GRANT CONSORTIUM SECURED \$2,227,688 AND \$186,448, RESPECTIVELY THE MONETARY GRANT WRITING RESULTS ARE NOT INCLUDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS THE CENTER FOR FAMILY SOLUTIONS (THE CENTER) IS A COUNTY-WIDE COLLABORATIVE WITH A MISSION TO BE THE EXPERT RESOURCE IN THE COUNTY THAT PROVIDES COMPREHENSIVE, COORDINATED AND ACCESSIBLE SERVICES TO BUTLER COUNTY FAMILIES TO RESPOND TO, TREAT AND PREVENT CHILD ABUSE THIS PROJECT IS A NEWLY FORMED 501(C)(3) THAT IN THE PAST WAS FACILITATED BY THE ORGANIZATION AND FUNDED THROUGH THE BUTLER COUNTY COMMISSIONERS, GREATER CINCINNATI FOUNDATION, BUTLER COUNTY UNITED WAY AND THE NATIONAL CHILDREN'S ALLIANCE A VOLUNTEER BOARD OF ELEVEN MEMBERS IS WORKING TO SUPPORT CHILDREN AND FAMILIES IN CRISIS AND END CHILD ABUSE THE ORGANIZATION SECURED A MILLION DOLLAR GIFT THAT UNITED WAY MANAGES IN A RESTRICTED FUND FOR THE SOLE PURPOSE OF SECURING AND/OR REMODELING A FACILITY TO HOUSE THE CENTER RECENT NEGOTIATIONS CREATED AN OPPORTUNITY FOR THE CENTER TO CO-LOCATE IN A VACANT KROGER STORE WITH THE BUTLER COUNTY EDUCATIONAL SERVICE CENTER AS THE OWNER THE ORGANIZATION HAS A SEAT ON THE CENTER'S BOARD AND PARTICIPATES IN ALL OVERSIGHT FUNCTIONS AS ONE BOARD MEMBER	

4c	(Code) (Expenses \$ 89,261 including grants of \$) (Revenue \$)
VOLUNTEER CONNECTION MORE THAN 150 VOLUNTEER OPPORTUNITIES ARE LISTED IN A COMPUTERIZED DATA BASE TO WHICH THE PUBLIC HAS FULL ACCESS ON UNITED WAY’S WEBSITE CONNECTING VOLUNTEERS TO VOLUNTEER OPPORTUNITIES IS A PRIORITY FOR UNITED WAY AS FINANCIAL RESOURCES ARE LIMITED AND NEEDS ARE INCREASING MOBILIZING A COMMUNITY TO RESPOND TO LOCAL NEEDS IS HIGHLIGHTED DURING THE SEMI-ANNUAL DAY OF CARING EVENT MORE THAN 160 COMMUNITY VOLUNTEERS, PRIMARILY REPRESENTING CORPORATIONS, ARE CONNECTED TO LOCAL SERVICE PROJECTS A NEW PARTNERSHIP WITH MIAMI UNIVERSITY'S CORPORATE AND COMMUNITY INSTITUTE CREATED AN INAUGURAL NONPROFIT BOARD LEADERSHIP CERTIFCATE PROGRAM BOASTING 15 GRADUATES WHO WERE PLACED, IF INTERESTED, ON A LOCAL NONPROFIT BOARD	

4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 1,821,003

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any 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	Yes
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
14b	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	Yes
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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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	Yes	
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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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	1a12		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
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	2a11		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to 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: <input type="text"/> 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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	No
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	12	
b	Enter the number of voting members that are independent	1b	12	
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 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	Yes	
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		No
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		
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		No
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		No
	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 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 ▶ JAN TROUTMAN 323 NORTH THIRD STREET HAMILTON, OH 45011 (513) 863-0800

1b	Total	186,855	0	37,538
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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 former 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	909,751	2,125,255			
	b	Membership dues	1b					
	c	Fundraising events	1c	13,012				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	111,629				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,863				
	g	Noncash contributions included in lines 1a-1f \$ 5,000						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		23,682			23,682
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross Rents	(i) Real (ii) Personal					
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		Gross amount from sales of assets other than inventory	(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 \$ 13,012 of contributions reported on line 1c) See Part IV, line 18		a	18,217	-2,481		-2,481
b		Less direct expenses	b	20,698				
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	ADMIN FEES AND RECOVER		561,000	53,820	53,820			
b	ACCOUNTING SERVICES		541,200	1,687	1,687			
c	RENTAL INCOME		532,000	1,118	1,118			
d	All other revenue			351	351			
e	Total. Add lines 11a-11d			56,976				
12	Total revenue. See Instructions			2,203,432	56,976	0	21,201	

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	1,436,852	1,436,852		
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	224,392	93,018	30,141	101,233
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	210,174	178,238	9,248	22,688
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,102	6,826	131	145
9	Other employee benefits	21,313	18,504	1,268	1,541
10	Payroll taxes	32,560	20,857	2,869	8,834
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	13,291		13,291	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	21,310	11,698	2,992	6,620
12	Advertising and promotion	34,121			34,121
13	Office expenses	20,780	8,711	6,432	5,637
14	Information technology	16,622	6,968	5,144	4,510
15	Royalties				
16	Occupancy	18,907	11,398	132	7,377
17	Travel	3,413	2,072		1,341
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,313	6,419	4,739	4,155
20	Interest				
21	Payments to affiliates	15,461		14,026	1,435
22	Depreciation, depletion, and amortization	21,301		4,686	16,615
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	ADMINISTRATIVE FEE	12,213	12,213	0	0
b	BANK FEES	8,954	3,753	2,772	2,429
c	TELEPHONE	5,355	3,251	0	2,104
d	MISCELLANEOUS	2,319		511	1,808
e	AWARDS AND INCENTIVES	538	225	167	146
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,142,291	1,821,003	98,549	222,739
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			227,427	1	6,019
	2	Savings and temporary cash investments			439,420	2	368,136
	3	Pledges and grants receivable, net			980,368	3	1,061,647
	4	Accounts receivable, net			10,035	4	97,514
	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			995	9	2,730
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	489,093			
	b	Less accumulated depreciation	10b	437,502	71,650	10c	51,591
	11	Investments—publicly traded securities			295,128	11	378,791
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,347,721	15	697,980
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,372,744	16	2,664,408
Liabilities	17	Accounts payable and accrued expenses			27,459	17	37,282
	18	Grants payable				18	
	19	Deferred revenue			33,809	19	13,230
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			981,072	21	326,672
	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			1,613,396	25	1,417,952
	26	Total liabilities. Add lines 17 through 25			2,655,736	26	1,795,136
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			655,586	27	807,003
	28	Temporarily restricted net assets			61,422	28	62,269
	29	Permanently restricted net assets				29	
	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			717,008	33	869,272
	34	Total liabilities and net assets/fund balances			3,372,744	34	2,664,408

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c 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	
d 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
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 BUTLER COUNTY UNITED WAY	Employer identification number 31-0734490
--	--

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.")						
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						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
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				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
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.")	2,108,589	2,074,588	2,002,361	2,602,999	2,125,255	10,913,792
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	156,771	162,618	262,067			581,456
3Gross receipts from activities that are not an unrelated trade or business under section 513	3,367	7,302	14,963	18,528	18,217	62,377
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	2,268,727	2,244,508	2,279,391	2,621,527	2,143,472	11,557,625
7aAmounts included on lines 1, 2, and 3 received from disqualified persons	390,775	423,039	415,890	348,677	156,261	1,734,642
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						0
cAdd lines 7a and 7b	390,775	423,039	415,890	348,677	156,261	1,734,642
8Public Support (Subtract line 7c from line 6)						9,822,983

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	2,268,727	2,244,508	2,279,391	2,621,527	2,143,472	11,557,625
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,001	39,996	55,370	26,690	23,682	173,739
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b	28,001	39,996	55,370	26,690	23,682	173,739
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.)	37,831	21,982	23,087	8,592	56,976	148,468
13Total support (Add lines 9, 10c, 11 and 12.)	2,334,559	2,306,486	2,357,848	2,656,809	2,224,130	11,879,832
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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	82.690 %
16Public support percentage from 2008 Schedule A, Part III, line 15	16	81.250 %

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	1.460 %
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	1.320 %
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

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: 31-0734490

Name: BUTLER COUNTY UNITED WAY

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			
CHRIS WORRELL CHAIRPERSON	5 00	X		X				0	0	0
ROBERT SOMMERS MEMBER	1 00	X						0	0	0
KAREN MUELLER VICE CHAIRPERSON	2 00	X		X				0	0	0
JIM SELL MEMBER	1 00	X						0	0	0
BRUCE JEWETT MEMBER	2 00	X						0	0	0
JOSE ALVAREZ MEMBER	1 00	X						0	0	0
SHELLY WALLPE MEMBER	1 00	X						0	0	0
TERI WHITMORE MEMBER	1 00	X						0	0	0
MELISSA HOWARD MEMBER	1 00	X						0	0	0
ANDY NASTOFF MEMBER	1 00	X						0	0	0
RICK REINEL MEMBER	1 00	X						0	0	0
AMY WALDBILLIG MEMBER	1 00	X						0	0	0
LISA BARNES MEMBER	1 00	X						0	0	0
SHAWN HAMILTON MEMBER	1 00	X						0	0	0
STEPHANIE RAKER SECRETARY	4 00			X				0	0	0
MAUREEN NOE PRESIDENT/CEO	65 00			X		X		118,295	0	29,591
JAN TROUTMAN CFO	45 00			X				68,560	0	7,947

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
ADMINISTRATIVE FEE	12,213	12,213	0	0
BANK FEES	8,954	3,753	2,772	2,429
TELEPHONE	5,355	3,251	0	2,104
MISCELLANEOUS	2,319		511	1,808
AWARDS AND INCENTIVES	538	225	167	146

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
BUTLER COUNTY UNITED WAY

Employer identification number
31-0734490

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
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	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	981,072
1d	77,845
1e	733,369
1f	325,548

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	325,528	441,168			
b Contributions					
c Investment earnings or losses	-10,113	-115,640			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	315,415	325,528			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100.000 %

b

Permanent endowment ▶ 0 %

c

Term endowment ▶ 0 %

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)

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		145,132	118,456	26,676
c Leasehold improvements		343,961	319,046	24,915
d Equipment				
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				51,591

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,203,432
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,142,291
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	61,141
4	Net unrealized gains (losses) on investments	4	91,123
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	91,123
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	152,264

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	2,037,541
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	91,122
b	Donated services and use of facilities	2b	41,200
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	132,322
3	Subtract line 2e from line 1	3	1,905,219
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	298,213
c	Add lines 4a and 4b	4c	298,213
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,203,432

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,885,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	41,200
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	20,698
e	Add lines 2a through 2d	2e	61,898
3	Subtract line 2e from line 1	3	1,823,380
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	318,911
c	Add lines 4a and 4b	4c	318,911
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,142,291

Part XIVSupplemental 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 IV, Line 2b		BUTLER COUNTY UNITED WAY RECEIVED A DONATION OF 1,000,000 IN MAY 2008 TO FUND THE CENTER FOR FAMILY SOLUTIONS(THE CENTER) THE CENTER HAS RECEIVED THEIR 501(C)(3) DESIGNATION FROM THE IRS AND HAS OBTAINED THEIR OWN BOARD BUT WASN'T FULLY OPERATIONAL AS OF 6/30/10 BUTLER COUNTY UNITED WAY HAS A SEAT ON THE CENTER'S BOARD THE VALUE OF THE ORIGINAL DONATION HAS DECREASED DUE TO MARKET FLUCTUATIONS AND APPROXIMATELY \$700,000 HAS BEEN DISTRIBUTED TO THE CENTER THE BUTLER COUNTY UNITED WAY ALSO ADMINISTERS AND ACTS AS CUSTODIAN FOR AN UNEMPLOYMENT FUND FOR OTHER NOT-FOR-PROFIT ORGANIZATION
Part V, Line 4	Description of Intended Use of Endowment Funds	THE BOARD DESIGNATED CASH AND INVESTMENTS FOR THE PURPOSE OF MAINTAINING APPROXIMATELY TWO TO THREE MONTHS OF RESERVES FOR FUTURE ALLOCATIONS TO SUPPORTED AGENCIES AND PROGRAMS
Part X	Description of Uncertain Tax Positions Under FIN 48	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) IT ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) GUIDANCE RELATED TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009 THOSE PROVISIONS CLARIFY THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS THE ORGANIZATION DOES NOT CURRENTLY CONDUCT ANY ACTIVITES, WHICH WOULD RESULT IN THE IMPOSITION OF THE UNRELATED BUSINESS INCOME TAX AND BELIEVES IT HAS NOT EARNED ANY UNRELATED BUSINESS INCOME AND HAS ESTIMATED NO TAX IS DUE BASED ON CURRENT FACTS AND CIRCUMSTANCES. THUS, THE ORGANIZATION HAS DETERMINED THAT AN ACCRUAL FOR TAXES IS NOT NEEDED FOR THE YEAR ENDED JUNE 20, 2010
Part XII, Line 4b - Other Adjustments		EXPENSES ASSOCIATED WITH SPECIAL EVENTS ON 990 PART VII, LINE 8B -20698 DONOR DESIGNATIONS TO SPECIFIC ORGANIZATIONS 318911
Part XIII, Line 2d - Other Adjustments		EXPENSES ASSOCIATED WITH SPECIAL EVENTS ON 990 PART VII, LINE 8B 20698
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATIONS TO SPECIFIC ORGANIZATIONS 318911

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		GOLF OUTING (event type)	CHICAGO BUS TRIP (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	20,404	8,400	28,804
	2	Less Charitable contributions	13,012		13,012
	3	Gross income (line 1 minus line 2)	7,392	8,400	15,792
Direct Expenses	4	Cash prizes	182		182
	5	Non-cash prizes			
	6	Rent/facility costs	3,296	6,738	10,034
	7	Food and beverages	1,400		1,400
	8	Entertainment			
	9	Other direct expenses	2,514	62	2,576
	10	Direct expense summary Add lines 4 through 9 in column (d)			14,192
	11	Net income summary Combine lines 3, column d, and line 10.			1,600

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine lines 1, column d, and line 7					

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain _____ _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain _____ _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BUTLER COUNTY UNITED WAY

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
31-0734490

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

28

3

Enter total number of other organizations

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.

[illegible]

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: 31-0734490
Name: BUTLER COUNTY UNITED WAY

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
ALCOHOL & CHEMICAL ABUSE COUNCIL2935 HAMILTON-MASON RD HAMILTON,OH 45011	31-0784671	501 (C)(3)	52,948				SUBSTANCE ABUSE PREVENTION AND FAMILY MEDIATION PROJECT
BIG BROTHERS BIG SISTERS OF BUTLER COUNTY INC5539 EUREKA DR HAMILTON,OH 45011	31-0846147	501 (C)(3)	122,705				MENTORING PROGRAMS
BOYS & GIRLS CLUB OF HAMILTON INC958 EAST AVE HAMILTON,OH 45011	31-0616383	501 (C)(3)	86,728				AFTER SCHOOL YOUTH DEVELOPMENT
CATHOLIC CHARITIES SOUTHWESTERN OHIO140 N 5TH ST HAMILTON,OH 45011	31-0536968	501 (C)(3)	170,709				COUNSELING AND SEXUAL ABUSE TREATMENT
CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED2045 GILBERT AVE CINCINNATI,OH 45202	31-0538511	501 (C)(3)	7,559				INDEPENDENT LIVING AND REHABILITATION/EARLY CHILDHOOD AND YOUTH SERVICES
BTW COMMUNITY CENTER 1140 SOUTH FRONT ST HAMILTON,OH 45011	31-0540169	501 (C)(3)	17,374				GENERAL SUPPORT
DAN BEARD COUNCIL BOY SCOUTS OF AMERICA2331 VICTORY PKWY CINCINNATI,OH 45206	31-0536651	501 (C)(3)	50,193				GENERAL SUPPORT
EVERY CHILD SUCCEEDS 333 BURNET AVE CINCINNATI,OH 45229	31-1628467	501 (C)(3)	26,042				HOME VISITATIONS
FAIRFIELD FOOD PANTRY 1085 MAGIE AVE FAIRFIELD,OH 45014	31-1468906	501 (C)(3)	16,761				GENERAL SUPPORT
GIRL SCOUTS - GREAT RIVERS COUNCIL INC 4930 CORNELL RD CINCINNATI,OH 45242	31-0679091	501 (C)(3)	16,710				LEADERSHIP PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
GREAT MIAMI VALLEY YMCA - HAMILTON CENTRAL BRANCH105 N 2ND ST HAMILTON, OH 45011	31-0536719	501 (C)(3)	49,404				AFTER SCHOOL AND SUMMER INTERVENTION PROGRAM
HAMILTON LIVING WATER MINISTRY INC734 SYCAMORE ST HAMILTON, OH 45011	26-2606598	501 (C)(3)	82,144				NEIGHBORHOOD SERVICE CENTER AND CHILDREN'S AND TEEN CENTER
LIFESPAN INC1900 FAIRGROVE AVE HAMILTON, OH 45011	31-0536660	501 (C)(3)	41,954				COUNSELING SERVICES
LIGHTHOUSE MINISTRIES 626 RIDGELAWN AVE HAMILTON, OH 45011	31-1577220	501 (C)(3)	18,225				FOOD PANTRY AND GENERAL SUPPORT
MERCY FRANCISCAN AT ST RAPHAEL INC610 HIGH ST HAMILTON, OH 45011	20-2934871	501 (C)(3)	101,396				NURSING, EMERGENCY HOUSING SERVICES AND CHOICE PANTRY
PARACHUTE SPECIAL ADVOCATES FOR CHILDREN OF BUTLER COUNTY282 N FAIR AVE HAMILTON, OH 45011	31-1230170	501 (C)(3)	43,077				GENERAL SUPPORT
PARTNERS IN PRIME140 ROSS AVE HAMILTON, OH 45013	31-0569735	501 (C)(3)	19,992				GENERAL SUPPORT, TRANSPORTATION SERVICES AND SENIOR CENTERS
PEOPLE WORKING COOPERATIVELY INC4612 PADDOCK RD CINCINNATI, OH 45229	31-0859104	501 (C)(3)	11,799				EMERGENCY HOME REPAIR
SALVATION ARMY235 LUDLOW ST HAMILTON, OH 45011	13-5562351	501 (C)(3)	14,956				HELPING HANDS KITCHEN AND EMERGENCY SERVICES
SHARED HARVEST FOODBANK INC5901 DIXIE HWY FAIRFIELD, OH 45014	31-1096571	501 (C)(3)	57,485				BACK PACK PROGRAM AND FOODBANK

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
SOJOURNER RECOVERY INC314 NORTH ERIE HWY HAMILTON, OH 45011	31-1070029	501 (C)(3)	5,935				ADDICTION RECOVERY
SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES1790 AB S ERIE BLVD HAMILTON, OH 45012	31-1445223	501 (C)(3)	116,471				HOMELESS SUPPORT AND LITERACY PROGRAM
YWCA OF HAMILTON OHIO 244 DAYTON ST HAMILTON, OH 45011	31-0537167	501 (C)(3)	162,911				SHELTER SUPPORT AND LITERACY PROGRAM
AMERICAN RED CROSS112 N 2ND ST HAMILTON, OH 45011	53-0196605	501 (C)(3)	18,134				GENERAL SUPPORT
LEGAL AID SOCIETY OF CINCINNATI215 E 9TH ST CINCINNATI, OH 45202	31-0536673	501 (C)(3)	14,418				LEGAL SERVICES TO PUBLIC
COMMUNITY COUNSELING & CRISIS CENTER110 S COLLEGE AVE OXFORD, OH 45056	31-0804872	501 (C)(3)	40,980				GENERAL SUPPORT
OHIO STATE UNIVERSITY FOUNDATION364 W LANE AVE COLUMBUS, OH 43201	31-1145986	501 (C)(3)	7,350				GENERAL SUPPORT
NEW LIFE BAPTIST MISSION415 HENRY ST HAMILTON, OH 45011	11-3645996	501 (C)(3)	12,898				GENERAL SUPPORT

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
BUTLER COUNTY UNITED WAY

Employer identification number
31-0734490

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
S DENISE SOMMERS	FAMILY MEMBER OF TWO BOARD MEMBERS, ROBERT SOMMERS AND MELISSA HOWARD	48,395	EMPLOYMENT		No

Additional Data

Software ID:
Software Version:
EIN: 31-0734490
Name: BUTLER COUNTY UNITED WAY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493115004061

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
BUTLER COUNTY UNITED WAY

Employer identification number
31-0734490

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		THE ORGANIZATION ASKS THE BOARD OF TRUSTEES TO DISCLOSE ANY CONFLICT OF INTEREST ISSUES ON AN ANNUAL BASIS THE ORGANIZATION ALSO WILL ADDRESS ANY POTENTIAL CONFLICTS THAT ARISE THROUGHOUT THE YEAR

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON REQUEST

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