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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
United Way of Greater Lorain County Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
1875 North Ridge Road

D Employer identification number

34-1011104

E Telephone number

(440) 277-6530

G Gross receipts \$ 2,782,986

City or town, state or country, and ZIP + 4
Lorain, OH 44055F Name and address of principal officer
William P Harper
1875 North Ridge Road Suite H
Lorain, OH 44055H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c) (3) ► (insert no) 4947(a)(1) or 527

J Website: ► www.uwloraincounty.org

K Form of organization Corporation Trust Association Other ►

L Year of formation 1967

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY THROUGH LEADERSHIP, COLLABORATION, AND RESOURCE DEVELOPMENT

2 Check this box ► 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	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of employees (Part V, line 2a)	5	8
6 Total number of volunteers (estimate if necessary)	6	817
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,734,557	2,544,250
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,296	64,407
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	37,139
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,805,853	2,645,796

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,025,368	1,951,303
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	525,315	489,134
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 188,055		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	309,822	290,548
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,860,505	2,730,985
19 Revenue less expenses Subtract line 18 from line 12	-54,652	-85,189

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,415,456	3,356,154
21 Total liabilities (Part X, line 26)	1,999,027	2,100,651
22 Net assets or fund balances Subtract line 21 from line 20	1,416,429	1,255,503

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2010-11-15

Date

DIANNE C BREHM FINANCE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► ALANE L BOFFA	Date	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 ► COHEN & COMPANY LTD OFFICES LISTED AT WWWCOHENCPACOM, OH 44115		EIN ►	Phone no ► (800) 229-1099

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

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY THROUGH LEADERSHIP, COLLABORATION, AND RESOURCE DEVELOPMENT

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 \$ 2,153,412 including grants of \$ 1,951,303) (Revenue \$)
COMMUNITY IMPACT - FUNDED PROGRAMS IN THE FOLLOWING AREAS (1) STRENGTHENING FAMILIES - WHERE INVESTMENTS ARE DIRECTED AT ENHANCING THE QUALITY OF FAMILY LIFE AND STRENGTHENING FAMILIES AS WELL AS INDIVIDUALS THIS IMPACT AREA OFFERS A RANGE OF PROGRAMS WHICH SUPPORT FAMILIES AS WELL AS NURTURERS, CARETAKERS, AND INSTRUCTORS THESE PROGRAMS ASSIST FAMILIES AND FAMILY MEMBERS IN FUNCTIONING AT THE HIGHEST DEGREE POSSIBLE (2) NURTURING CHILDREN AND YOUTH - WHERE INVESTMENTS ARE DIRECTED AT ENSURING THAT EVERY CHILD IS PROVIDED A HEALTHY, NURTURING, AND SAFE LEARNING ENVIRONMENT TO LIVE, LEARN AND GROW FUNDED PROGRAMS PROVIDE ASSISTANCE IN DEVELOPING ASSETS AND PROTECTIVE FACTORS WHICH ARE PROVEN TO REDUCE RISK FACTORS IN A CHILD'S OR YOUTH'S LIFE (3) CARING FOR BASIC NEEDS - WHERE INVESTMENTS ARE DIRECTED AT ENSURING THAT PEOPLE LIVING IN LORAIN COUNTY CAN MEET THEIR BASIC NEEDS FOR SAFETY, NUTRITION, SAFE AND AFFORDABLE SHELTER, CRISIS INTERVENTION AND OTHER SITUATIONS REQUIRING EMERGENCY ASSISTANCE - 58,763 PEOPLE SERVED	
4b	(Code) (Expenses \$ 68,903 including grants of \$) (Revenue \$)
INFORMATION AND REFERRAL - REFER PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES AT LOCAL AGENCIES THROUGH UNITED WAY'S FIRST CALL FOR HELP, A CONFIDENTIAL, FREE INFORMATION AND REFERRAL SERVICE - 9,865 PEOPLE SERVED	
4c	(Code) (Expenses \$ 7,915 including grants of \$) (Revenue \$)
FINANCIAL STABILITY - UNITED WAY OF GREATER LORAIN COUNTY COLLABORATED WITH THE EARNED INCOME TAX CREDIT (EITC) COALITION IN PROMOTING FINANCIAL STABILITY THE COALITION OFFERED FREE TAX PREPARATION TO QUALIFIED FILERS DURING THE TAX SEASON INDIVIDUALS WHO CAME TO HAVE THEIR TAXES PREPARED (4,678) RESULTED IN TOTAL ESTIMATED SAVINGS OF \$935,600 IN TAX RETURN PREPARATION FEES, AND RECEIVED TOTAL NET REFUND OF \$3,722,259 THOSE WHO QUALIFIED RECEIVED \$861,623 FROM THE EARNED INCOME TAX CREDIT	
4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 2,230,230

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.

- 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

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	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? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	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? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	No	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	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? If "Yes," complete Schedule R, Part VI	38	Yes	
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			

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	1
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments 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	2a	8
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)	2b	Yes
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).	7a	No
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?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
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?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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	25	
b Enter the number of voting members that are independent . . .	1b	25	
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		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	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
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 ►
 DIANNE BREHM
 1875 NORTH RIDGE ROAD EAST SUITE H
 LORAIN, OH 44055
 (440) 277-6530

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

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

1b Total	174,023	0	24,871
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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? If "Yes," complete Schedule J for such individual	3		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? If "Yes," complete Schedule J for such individual	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) 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	198,949																
	e Government grants (contributions)	1e																	
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,345,301																
	g Noncash contributions included in lines 1a-1f \$ 26,733																		
	h Total. Add lines 1a-1f		2,544,250																
Program Service Revenue	Business Code																		
			2a																
			b																
			c																
			d																
			e																
			f All other program service revenue																
	g Total. Add lines 2a-2f		0																
Other Revenue	<table border="1"> <tr> <td colspan="2">3 Investment income (including dividends, interest and other similar amounts)</td> </tr> <tr> <td colspan="2">4 Income from investment of tax-exempt bond proceeds</td> </tr> <tr> <td colspan="2">5 Royalties</td> </tr> <tr> <td colspan="2">6a Gross Rents</td> </tr> <tr> <td colspan="2">b Less rental expenses</td> </tr> <tr> <td colspan="2">c Rental income or (loss)</td> </tr> <tr> <td colspan="2">d Net rental income or (loss)</td> </tr> </table>		3 Investment income (including dividends, interest and other similar amounts)		4 Income from investment of tax-exempt bond proceeds		5 Royalties		6a Gross Rents		b Less rental expenses		c Rental income or (loss)		d Net rental income or (loss)				
			3 Investment income (including dividends, interest and other similar amounts)																
			4 Income from investment of tax-exempt bond proceeds																
			5 Royalties																
			6a Gross Rents																
			b Less rental expenses																
			c Rental income or (loss)																
	d Net rental income or (loss)																		
3 Investment income (including dividends, interest and other similar amounts)		63,955		63,955															
4 Income from investment of tax-exempt bond proceeds		0																	
5 Royalties		0																	
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	127,185																		
c Gain or (loss)	126,733																		
d Net gain or (loss)	452																		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18																			
a	16,142																		
b Less direct expenses	b 10,457																		
c Net income or (loss) from fundraising events		5,685	5,685																
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		0																	
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		0																	
Miscellaneous Revenue		Business Code																	
11a MISCELLANEOUS INCOME			4,561	4,561															
b ADMINISTRATION FEE INCOME			26,893	26,893															
c																			
d All other revenue																			
e Total. Add lines 11a-11d		31,454																	
12 Total revenue. See Instructions		2,645,796	37,139		64,407														

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	1,951,303	1,951,303		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	198,895	56,577	93,863	48,455
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	189,784	53,985	89,564	46,235
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,192	4,333	7,047	3,812
9 Other employee benefits	53,710	15,319	24,914	13,477
10 Payroll taxes	31,553	9,021	14,908	7,624
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	12,000	3,202	5,928	2,870
d Lobbying	0			
e Professional fundraising See Part IV, line 17	0			
f Investment management fees	0			
g Other	3,688	984	1,822	882
12 Advertising and promotion	12,952	4,835	1,346	6,771
13 Office expenses	18,645	6,180	7,611	4,854
14 Information technology	0			
15 Royalties	0			
16 Occupancy	55,731	19,334	23,825	12,572
17 Travel	8,868	4,286	3,153	1,429
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	5,834	2,819	2,075	940
20 Interest	0			
21 Payments to affiliates	32,069	9,300	15,072	7,697
22 Depreciation, depletion, and amortization	4,214	1,189	1,972	1,053
23 Insurance	5,546	1,576	2,611	1,359
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 CONTRACT SERVICES	90,270	71,796	6,242	12,232
b OTHER EVENTS	7,637	7,637	0	0
c EQUIPMENT MAINTENANCE & RENTAL	23,277	6,554	10,747	5,976
d CAMPAIGN EXPENSES	9,817			9,817
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,730,985	2,230,230	312,700	188,055
26 Joint costs. Check here <input checked="" 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) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	20,043	1 75,616
	2 Savings and temporary cash investments	261,337	2 90,243
	3 Pledges and grants receivable, net	1,055,745	3 1,037,071
	4 Accounts receivable, net	881	4 6,395
	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	4,371	9 4,870
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	189,717	
	b Less accumulated depreciation	10a	184,385
		6,205	10c 5,332
	11 Investments—publicly traded securities	2,045,177	11 2,112,792
	12 Investments—other securities See Part IV, line 11	21,697	12 17,721
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11		15 6,114
	16 Total assets. Add lines 1 through 15 (must equal line 34)	3,415,456	16 3,356,154
Liabilities	17 Accounts payable and accrued expenses	1,999,027	17 2,100,651
	18 Grants payable		18
	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	1,999,027	26 2,100,651
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	980,599	27 933,497
	28 Temporarily restricted net assets	350,830	28 304,285
	29 Permanently restricted net assets	85,000	29 17,721
	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	1,416,429	33 1,255,503
	34 Total liabilities and net assets/fund balances	3,415,456	34 3,356,154

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual 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?

b Were the organization's financial statements audited by an independent accountant?

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

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
 Separate basis Consolidated basis 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?

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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2009****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization
United Way of Greater Lorain County Inc

Employer identification number

34-1011104

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

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

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)		No
11g(ii)		No
11g(iii)		No

(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")	2,769,225	2,716,038	2,818,281	2,734,557	2,544,250	13,582,351
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	2,769,225	2,716,038	2,818,281	2,734,557	2,544,250	13,582,351
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						13,582,351

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	2,769,225	100,675	2,818,281	2,734,557	2,544,250	13,582,351
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,198	100,675	108,498	70,028	63,955	429,354
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	0	0	0	0	37,139	37,139
11 Total support (Add lines 7 through 10)						14,048,844
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	96 679 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	91 720 %
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input checked="" type="checkbox"/>

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18
19a 33 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	
b 33 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	
20 Private 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: 34-1011104
Name: United Way of Greater Lorain County Inc

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	Official	Key employee	Highest compensated employee			
WILSON S ADAMS IV BOARD MEMBER	1 0	X					0	0	0
LINDA CASHAR BOARD MEMBER	1 0	X					0	0	0
JAMES BACKS BOARD MEMBER	1 0	X					0	0	0
EDWARD BAKER TREASURER	1 0	X		X			0	0	0
DOUG BLOOMFIELD BOARD MEMBER	1 0	X					0	0	0
KAREN COOK BOARD MEMBER	1 0	X					0	0	0
JAMES DOWDELL BOARD MEMBER	1 0	X					0	0	0
GREGORY ELEK BOARD MEMBER	1 0	X					0	0	0
EDWIN GARCIA BOARD MEMBER	1 0	X					0	0	0
SANDRA HODGE BOARD MEMBER	1 0	X					0	0	0
RICK ICKES PRESIDENT	1 0	X		X			0	0	0
DAVID JANOWICZ PAST PRESIDENT	1 0	X		X			0	0	0
SHERMAN JONES BOARD MEMBER	1 0	X					0	0	0
JENNIFER KENNEDY BOARD MEMBER	1 0	X					0	0	0
JUDITH KLUCAS SECRETARY	1 0	X		X			0	0	0
GREGORY W KULOW BOARD MEMBER	1 0	X					0	0	0
CYNTHIA KUSHNER BOARD MEMBER	1 0	X					0	0	0
CHERYL MCKENNA BOARD MEMBER	1 0	X					0	0	0
LEE C MYERS BOARD MEMBER	1 0	X					0	0	0
RYAN MYERS BOARD MEMBER	1 0	X					0	0	0
KEVIN STITAK BOARD MEMBER	1 0	X					0	0	0
DANIEL STITT BOARD MEMBER	1 0	X					0	0	0
MARK SUTTER BOARD MEMBER	1 0	X					0	0	0
AMY SZMANIA BOARD MEMBER	1 0	X					0	0	0
CYNTHIA TOMASCH VICE PRESIDENT	1 0	X		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	Office	Key employee	Highest compensated employee	Former	
GERALD SKULLY EXECUTIVE DIRECTOR	40 0			X			109,881	0 21,219
DIANNE BREHM FINANCE DIRECTOR	40 0			X			64,142	0 3,652

2009

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**

United Way of Greater Lorain County Inc

Employer identification number

34-1011104

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 ► \$ _____

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

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

a Public exhibition d Loan or exchange programs
 b Scholarly research e Other
 c Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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

	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	15,622	15,622			
b Contributions					
c Investment earnings or losses	2,099				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	17,721	15,622			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► %
 b Permanent endowment ► 100 000 % %
 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
 (ii) related organizations

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

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b		

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		27,679	26,698		981
d Equipment		136,768		132,417	4,351
e Other		25,270		25,270	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					5,332

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	►	

Total. (Column (b) should equal Form 990, Part X, col (B), line 1)

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

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

Total (Column (b) should equal Form 990, Part X, col (B), line 15)

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

1	(a) Description of Liability	(b) Amount
	Federal Income Taxes	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	2,645,796
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,730,985
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-85,189
4	Net unrealized gains (losses) on investments	4	58,189
5	Donated services and use of facilities	5	
6	Investment expenses	6	-15,319
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	42,870
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-42,319

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	2,295,460
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	58,189
b	Donated services and use of facilities	2b	8,097
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	66,286
3	Subtract line 2e from line 1	3	2,229,174
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	15,319
b	Other (Describe in Part XIV)	4b	401,303
c	Add lines 4a and 4b	4c	416,622
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,645,796

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

1	Total expenses and losses per audited financial statements	1	2,337,779
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	8,097
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	8,097
3	Subtract line 2e from line 1	3	2,329,682
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	401,303
c	Add lines 4a and 4b	4c	401,303
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,730,985

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
OTHER CHANGES TO REVENUE	SCHEDULE D, PART XII, LINE 4B	DESIGNATED CONTRIBUTIONS WHICH ARE NOT SHOWN AS REVENUE ON FINANCIAL STATEMENTS \$401,303
OTHER CHANGES TO EXPENSES	SCHEDULE D, PART XIII, LINE 4B	GRANTS OF DESIGNATED CONTRIBUTIONS WHICH WERE NOT SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS \$401,303
ENDOWMENT FUND USES	SCHEDULE D - PART V - QUESTION 4	THE ORGANIZATION INCLUDES THE EARNINGS FROM THE ENDOWMENT FUND IN THEIR GENERAL FUNDS TO BE ALLOCATED TO VARIOUS ORGANIZATIONS

Supplemental Information Regarding Fundraising or Gaming Activities

2009

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Greater Lorain County Inc

Employer identification number

34-1011104

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a	<input type="checkbox"/> Mail solicitations	e	<input type="checkbox"/> Solicitation of non-government grants
b	<input type="checkbox"/> Internet and e-mail solicitations	f	<input type="checkbox"/> Solicitation of government grants
c	<input type="checkbox"/> Phone solicitations	g	<input type="checkbox"/> Special fundraising events
d	<input type="checkbox"/> In-person solicitations		

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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 (Add col (a) through col (c))
		<u>RADIO-A-THON</u> (event type)	(event type)	0 (total number)	
Revenue	1 Gross receipts . . .	16,142			16,142
	2 Less Charitable contributions . . .				
	3 Gross income (line 1 minus line 2) . . .	16,142			16,142
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .				
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	10,457			10,457
	10 Direct expense summary Add lines 4 through 9 in column (d)				10,457
	11 Net income summary Combine lines 3, column d, and line 10.				5,685

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				
Direct Expenses	2 Cash prizes				
	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	<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				

9 Enter the state(s) in which the organization operates gaming activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states?	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	<input type="checkbox"/> 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?	<input type="checkbox"/> 12	

	Yes	No
13 Indicate the percentage of gaming activity operated in	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
a The organization's facility	<input type="checkbox"/> 13a <input type="checkbox"/> 13b	
b An outside facility	<input type="checkbox"/> 13a <input type="checkbox"/> 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?	<input type="checkbox"/> 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?	<input type="checkbox"/> 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 ► \$ _____	<input type="checkbox"/> 17a	

Schedule I
(Form 990)

OMB No 1545-0047

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

2009

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

► Attach to Form 990

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
United Way of Greater Lorain County IncEmployer identification number
34-1011104**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 ► _____ 37

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.

(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.

Identifier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS	SCHEDULE I - PART 1 - QUESTION 2	THE UNITED WAY OF GREATER LORAIN COUNTY GRANTS FUNDS TO LOCAL PARTNER AGENCIES THAT PROVIDE HIGH QUALITY HUMAN SERVICES TO RESIDENTS. WE STRIVE FOR MEANINGFUL AND MEASURABLE IMPACT IN THE THREE AREAS OF COMMUNITY IDENTIFIED NEEDS - NURTURING CHILDREN AND YOUTH, STRENGTHENING FAMILIES AND MEETING BASIC NEEDS. THE UNITED WAY BELIEVES THAT A NON-PROFIT HAS TO BE WELL-MANAGED AND EFFECTIVELY GOVERNED TO MEET COMMUNITY NEEDS AND CHANGE COMMUNITY CONDITIONS. ANY ORGANIZATION THAT RECEIVED DONOR FUNDS PARTICIPATES IN A MULTI-PHASE EVALUATION PROCESS THAT INCLUDES A REVIEW OF THE AGENCY'S GOVERNANCE, OPERATIONAL AND FINANCIAL PRACTICES, A COMPREHENSIVE PROGRAM REVIEW, AND AN ON-SITE PRESENTATION AND FACILITIES ANALYSIS. AFTER ASSURING AN AGENCY'S HEALTH, THE VOLUNTEERS FOCUS THEIR EVALUATION ON THE PROGRAM'S PROPOSED USE OF FUNDS AND THE OUTCOMES AND RESULTS OF ALL PROVIDED SERVICES. AGENCIES THAT RECEIVE FUNDING MUST ALSO SHOW COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT AND VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NON-PROFIT ORGANIZATION.

Software ID:
Software Version:
EIN: 34-1011104
Name: United Way of Greater Lorain County Inc

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 RED CROSS LORAIN COUNTY CHAPTER 2929 WEST RIVER ROAD ELYRIA, OH 44035	34-0900019	501(C)(3)	153,975				DISASTER RELIEF, EMERGENCY ASSISTANCE, EDUCATION & TRAINING
ARTHRITIS FOUNDATION OF LORAIN COUNTY PO BOX 68 AVON LAKE, OH 44012	34-6544884	501(C)(3)	17,307				CHRONIC DISEASE CONTROL
BIG BROTHERS BIG SISTERS OF LORAIN COUNTY 1917 NORTH RIDGE ROAD EAST SUITE LORAIN, OH 44055	34-1809153	501(C)(3)	31,459				COMMUNITY BASED & SCHOOL BASED MENTORING
BLESSING HOUSE ASSOCIATION 5440 GROVE AVENUE LORAIN, OH 44055	30-0130029	501(C)(3)	27,215				CHILDREN CRISIS CARE
BOYS & GIRLS CLUBS OF LORAIN COUNTY PO BOX 516 OBERLIN, OH 44074	34-1856214	501(C)(3)	69,894				CORE YOUTH PROGRAMS
CATHOLIC CHARITIES COMMUNITY SERVICES 628 POPLAR STREET ELYRIA, OH 44035	34-1318541	501(C)(3)	67,726				DAY SHELTER & HOT MEALS
CATHOLIC CHARITIES SERVICES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH 44102	34-1318541	501(C)(3)	17,300				ADOPTION/BIRTH PARENT & FOSTER CARE SERVICES
CHILDREN'S DEVELOPMENTAL CENTER 150 ERIE COURT AMHERST, OH 44001	34-0789758	501(C)(3)	109,704				OUTPATIENT REHABILITATION
CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648	501(C)(3)	28,530				COMMUNITY SERVICES
COMMON GROUND CENTER 14240 BAIRD ROAD OBERLIN, OH 44074	34-1838503	501(C)(3)	14,776				YOUTH DEVELOPMENT

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
COMMUNITY HEALTH PARTERS FOUNDATION 3600 KOLBE ROAD LORAIN, OH 44053	34-0936851	501(C)(3)	19,571				COMMUNITY SERVICES
EL CENTRO DE SERVICIOS SOCIALES INC 1888 EAST 31ST STREET LORAIN, OH 44055	34-1165756	501(C)(3)	109,124				EMPLOYMENT SERVICES, PAYEE MANAGEMENT, INFORMATION & ADVOCACY, SENIOR CENTER, VIOLENCE PREVENTION, YOUTH LEADERSHIP
FAITH HOUSE 3250 WEST MARKET STREET 204 FAIRLAWN, OH 44333	34-1938397	501(C)(3)	51,379				TRANSITIONAL HOUSING
FAMILY PLANNING SERVICES 602 LEONA STREET ELYRIA, OH 44035	34-1042711	501(C)(3)	83,813				CLINICAL SERVICES & HEALTH EDUCATION PROGRAM
GIRL SCOUTS OF NE OHIO - WEST REGION ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0726094	501(C)(3)	42,422				SCOUTING - LORAIN COUNTY
HEART OF OHIO COUNCIL BSAPO BOX 368 ASHLAND, OH 44805	34-4428215	501(C)(3)	11,363				YOUTH DEVELOPMENT
JUNIOR ACHIEVEMENT OF GREATER CLEVELAND 1422 EUCLID AVENUE SUITE 525 CLEVELAND, OH 44115	34-0733164	501(C)(3)	5,990				COMMUNITY SERVICES
LEGAL AID SOCIETY OF LORAIN COUNTY 538 WEST BROAD STREET SUITE 300 ELYRIA, OH 44035	34-0866026	501(C)(3)	22,019				OUTREACH & VOLUNTEER LAWYERS PROGRAM
LINDEN SCHOOL 424 EARL COURT ELYRIA, OH 44035	34-1597874	501(C)(3)	22,416				EARLY CHILDHOOD EDUCATION AND CARE
LINKING EMPLOYMENT ABILITIES POTENTIAL 1468 WEST 25TH STREET CLEVELAND, OH 44113	34-1369608	501(C)(3)	36,330				INDEPENDENT LIVING PROGRAM AND COMMUNITY EMPLOYMENT

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
LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICE 2115 WEST PARK DRIVE LORAIN, OH 44053	34-1341788	501(C)(3)	53,782				WOMEN WITH CHILDREN TREATMENT PROGRAM
LORAIN COUNTY LABOR AGENCY1936 COOPER FOSTER PARK ROAD LORAIN, OH 44053	23-7387509	501(C)(3)	9,104				BENEFITS & TAX ASSISTANCE PROGRAM
LORAIN COUNTY OFFICE ON AGING226 MIDDLE AVENUE ELYRIA, OH 44035	34-1136543	501(C)(3)	53,656				PROGRAM FOR SENIORS
LORAIN COUNTY SAFE HARBORGENESIS HOUSE PO BOX 718 LORAIN, OH 44052	34-1774211	501(C)(3)	59,527				BATTERED WOMEN'S SHELTER
LORAIN COUNTY URBAN LEAGUE401 BROAD STREET SUITE B ELYRIA, OH 44035	34-1263379	501(C)(3)	101,377				FAIR HOUSING AND EMPLOYMENT PROGRAMS
LUCY IDOL CENTER FOR THE HANDICAPPEDPO BOX 162 VERMILION, OH 44089	34-0893458	501(C)(3)	66,400				REHABILITATION & MOBILITY
NEIGHBORHOOD HOUSE ASSOCIATIONPO BOX 1039 LORAIN, OH 44052	34-0714471	501(C)(3)	174,112				HOMEMAKER ASSISTANCE, CHILD CARE, SENIOR SOCIALIZATION, CHILDREN, SENIOR NUTRITION AND HOMELESS PROGRAMS
NORD CENTER6140 SOUTH BROADWAY LORAIN, OH 44053	34-0949459	501(C)(3)	91,818				HOUSING SERVICES & KIDZ FIRST
OBERLIN EARLY CHILDHOOD317 EAST COLLEGE STREET OBERLIN, OH 44074	23-7313925	501(C)(3)	29,544				CHILDCARE ASSISTANCE
SAVE OUR CHILDREN1621 MIDDLE AVENUE ELYRIA, OH 44035	31-1547340	501(C)(3)	37,597				AFTERSCHOOL AND YOUTH PROGRAMS

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
SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C)(3)	110,039				FOOD BANK
THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	23-1604737	501(C)(3)	7,500				COMMUNITY SERVICES
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C)(3)	13,437				COMMUNITY SERVICES
UNITED WAY OF MEDINA 704 NORTH COURT STREET MEDINA, OH 44256	23-7110762	501(C)(3)	6,509				COMMUNITY SERVICES
VOCATIONAL GUIDANCE SERVICES 359 LOWELL STREET ELYRIA, OH 44035	34-0714650	501(C)(3)	19,750				EMPLOYMENT SERVICES
VOLUNTEER GUARDIANSHIP PROGRAM 5201 ABBE ROAD ELYRIA, OH 44035	34-1899498	501(C)(3)	17,452				GUARDIANSHIP PROGRAM
YWCA OF ELYRIA 318 WEST AVENUE ELYRIA, OH 44035	34-0718418	501(C)(3)	29,305				TRANSITIONAL HOUSING

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
United Way of Greater Lorain County Inc

Employer identification number

34-1011104

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	8	26,733	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ►(_____)				
26 Other ►(_____)				
27 Other ►(_____)				
28 Other ►(_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. 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

United Way of Greater Lorain County Inc

Employer identification number

34-1011104

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICE ACTIVITY	PART III - QUESTION 2	THE ORGANIZATION COLLABORATED WITH THE EARNED INCOME TAX CREDIT COALITION IN PROMOTING FINANCIAL STABILITY
FORM 990 REVIEW PROCESS	PART VI - SECTION B - QUESTION 11A	THE FINANCE COMMITTEE REVIEWS IN DETAIL THE FORM 990 AND APPROVES THE FORM TO BE FILED WITH THE IRS. THE COMPLETED FORM 990, IN ITS ENTIRETY, IS GIVEN TO THE BOARD. THE BOARD HAS AN OPPORTUNITY TO ASK ANY QUESTIONS. THE FORM 990 IS THEN APPROVED BY THE ENTIRE BOARD OF DIRECTORS
CONFLICT OF INTEREST POLICY	PART VI - SECTION B - QUESTION 12C	AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND EMPLOYEES. IF A TRANSACTION ARISES, IN WHICH AN INDIVIDUAL HAS A CONFLICT, THE PERSON IS EXCUSED FROM THE DISCUSSION AND VOTE BY DISINTERESTED COMMITTEE MEMBERS TAKES PLACE. THE DIRECTORS AND/OR COMMITTEE MEMBERS BASE THEIR DECISION ON ALL THE FACT AND CIRCUMSTANCES PRESENTED AND CONSIDER WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION. PROPER RECORDS OF THE BOARD, COMMITTEE, OR SUBCOMMITTEE ARE MAINTAINED TO VERIFY THAT THE CONFLICT OF INTEREST POLICY HAS BEEN FOLLOWED
COMPENSATION REVIEW PROCESS	PART VI - SECTION B - QUESTION 15	THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION AMOUNTS AND COMPARES THEM TO OTHER SIMILAR SIZE UNITED WAYS AND NON-PROFIT ORGANIZATIONS. ANY TIME JOB RESPONSIBILITIES ARE SIGNIFICANTLY CHANGED, THE REVIEW IS UPDATED. THE EXECUTIVE COMMITTEE MEMBERS ARE INDEPENDENT OF THE EXECUTIVE DIRECTOR AND FINANCE DIRECTOR. THE COMMITTEE'S DELIBERATIONS AND APPROVAL OF COMPENSATION ARE DOCUMENTED
AVAILABILITY OF GOVERNING DOCUMENTS	PART VI - SECTION B - QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION'S MOST RECENTLY COMPLETED FINANCIAL STATEMENT AND IRS FORM 990 ARE POSTED ON THE PUBLIC WEBSITE, WWW.UWLORAINCOUNTY.ORG. IN ADDITION, THE ORGANIZATION PRINTS AND DISTRIBUTES TO THE COMMUNITY AN ANNUAL REPORT WHICH CONTAINS ACCOMPLISHMENTS AND SUMMARIZED FINANCIAL STATEMENTS