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Form 990

## Return of Organization Exempt From Income Tax

2010

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

A For the 2010 calendar year, or tax year beginning

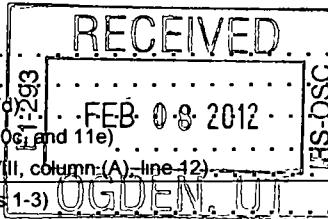
07/01/2010, and ending

06/30/2011

B Check if applicable		C Name of organization UNITED WAY OF GREATER LORAIN COUNTY, INC.				D Employer identification number 34-1011104	
Address change		Doing Business As				E Telephone number (440) 277-6530	
Name change		Number and street (or P O box if mail is not delivered to street address)				Room/suite SUITE H	
Initial return		1875 NORTH RIDGE ROAD				G Gross receipts \$ 2,782,084.	
Terminated		City or town, state or country, and ZIP + 4				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amended return		LORAIN, OH 44055				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application pending		F Name and address of principal officer WILLIAM P. HARPER 1875 NORTH RIDGE ROAD, SUITE H LORAIN, OH 44055				If "No," attach a list (see instructions)	
I Tax-exempt status		X 501(c)(3)	501(c) ( )	◀ (insert no)	4947(a)(1) or	527	H(c) Group exemption number ►
J Website:		► WWW.UWLORAINCOUNTY.ORG					
K Form of organization		X Corporation	Trust	Association	Other ►	L Year of formation 1967	M State of legal domicile OH

## Part I Summary

Activities & Governance	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 ► <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 24.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 24.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 9.	
	6 Total number of volunteers (estimate if necessary)	6 707.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,544,250.	Current Year 2,670,067.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,407.	62,532.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,139.	49,485.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,645,796.	2,782,084.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,951,303.	1,929,679.
	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)	489,134.	421,571.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 179,966.	290,548.	346,199.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,730,985.	2,697,449.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-85,189.	84,635.
Expenses	19 Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year 3,356,154.	End of Year 3,533,675.
	20 Total assets (Part X, line 16)	2,100,651.	2,065,462.
	21 Total liabilities (Part X, line 26)	1,255,503.	1,468,213.
	22 Net assets or fund balances. Subtract line 21 from line 20.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,356,154.	End of Year 3,533,675.
	21 Total liabilities (Part X, line 26)	2,100,651.	2,065,462.
	22 Net assets or fund balances. Subtract line 21 from line 20.	1,255,503.	1,468,213.



FEB 14 2012

Sign Here	►	Date 3-Feb-2012
	Signature of officer	
	► WILLIAM P. HARPER, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name ALANE L. BOFFA	Preparer's signature 	Date 1/30/12	Check if self-employed <input type="checkbox"/>	PTIN P00012337
	Firm's name ► COHEN & COMPANY, LTD.			Firm's EIN ► 34-1912961	
	Firm's address ► OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115			Phone no 800-229-1099	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

**Part III\*** **Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III . . . . .  X

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  X 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  X 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 \$ 2,104,788. Including grants of \$ 1,929,679. ) (Revenue \$ \_\_\_\_\_)

**ATTACHMENT 1**

4b (Code: \_\_\_\_\_) (Expenses \$ 76,753. 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.

- 10,799 PEOPLE SERVED

4c (Code: \_\_\_\_\_) (Expenses \$ 305. 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 (4,817) RESULTED IN TOTAL  
ESTIMATED SAVINGS OF \$955,399 IN TAX RETURN PREPARATION FEES, AND  
RECEIVED TOTAL NET REFUND OF \$4,448,233. THOSE WHO QUALIFIED  
RECEIVED \$999,605 FROM THE EARNED INCOME TAX CREDIT.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 2,181,846.

**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? (see instructions) . . . . .

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .

b 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 . . . . .

c 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 . . . . .

d 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 . . . . .

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .

f 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 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .

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, Parts I and IV . . . . .

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .

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 (see instructions) . . . . .

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 . . . . .

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

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .

	Yes	No
1	X	
2	X	
3		X
4		X
5		
6	X	
7		X
8		X
9		X
10	X	
11a	X	
11b		X
11c		X
11d		X
11e		X
11f	X	
12a	X	
12b		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20a		X
20b		

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X
24 a	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .	24a	X
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	
25 a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a	X
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	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26	X
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	X
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	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	32	X
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	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	34	X
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	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .		
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. . . . . 

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a	1	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	9	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . . . . .	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	X	
b If "Yes," enter the name of the foreign country: ►  See instructions for 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	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	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	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7 <b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X	
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	X	
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	X	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7f	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			
8 <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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 <b>Sponsoring organizations maintaining donor advised funds.</b>	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10 <b>Section 501(c)(7) organizations.</b> 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 <b>Section 501(c)(12) organizations.</b> 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 <b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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		
13 <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a		
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b		
c Enter the amount of reserves on hand . . . . .	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	14b		

**Part VI<sup>a</sup> Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  X

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a 24	
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b 24	
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 X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3 X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4 X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5 X	
6	Does the organization have members or stockholders? . . . . .	6 X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	8a X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b X	
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 X	

### 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 X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a X	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12b X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12c X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	13 X	
13	Does the organization have a written whistleblower policy? . . . . .	14 X	
14	Does the organization have a written document retention and destruction policy? . . . . .	15a X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15b X	
a	The organization's CEO, Executive Director, or top management official . . . . .	16a X	
b	Other officers or key employees of the organization . . . . .	16b	
	If "Yes" to line 15a or 15b, 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? . . . . .		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► OH, . . . . .
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
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**

Check if Schedule O contains a response to any question in this Part VII . . . . .

**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.

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) WENDY HOLLIDAY BOARD MEMBER	1.00	X					0	0	0
(2) REBECCA GRUNICK BOARD MEMBER	1.00	X					0	0	0
(3) JAMES BACKS BOARD MEMBER	1.00	X					0	0	0
(4) EDWARD BAKER TREASURER	1.00	X	X				0	0	0
(5) DOUG BLOOMFIELD BOARD MEMBER	1.00	X					0	0	0
(6) KAREN COOK BOARD MEMBER	1.00	X					0	0	0
(7) JAMES DOWDELL BOARD MEMBER	1.00	X					0	0	0
(8) GREGORY ELEK BOARD MEMBER	1.00	X					0	0	0
(9) EDWIN GARCIA BOARD MEMBER	1.00	X					0	0	0
(10) SANDRA HODGE VICE PRESIDENT	1.00	X	X				0	0	0
(11) RICK ICKES PAST PRESIDENT	1.00	X	X				0	0	0
(12) DAVID JANOWICZ BOARD MEMBER	1.00	X					0	0	0
(13) SHERMAN JONES BOARD MEMBER	1.00	X					0	0	0
(14) JENNIFER KENNEDY BOARD MEMBER	1.00	X					0	0	0
(15) JUDITH KLUCAS SECRETARY	1.00	X	X				0	0	0
(16) GREGORY W KULOW BOARD MEMBER	1.00	X					0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(17) CYNTHIA KUSHNER BOARD MEMBER	1.00	X						0.	0.	0.
(18) CHERYL MCKENNA BOARD MEMBER	1.00	X						0.	0.	0.
(19) LEE C MYERS BOARD MEMBER	1.00	X						0.	0.	0.
(20) THOMAS HOOVER BOARD MEMBER	1.00	X						0.	0.	0.
(21) KEVIN STITAK BOARD MEMBER	1.00	X						0.	0.	0.
(22) DANIEL STITT BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARK SUTTER BOARD MEMBER	1.00	X						0.	0.	0.
(24) AMY SZMANIA BOARD MEMBER	1.00	X						0.	0.	0.
(25) CYNTHIA TOMASCH PRESIDENT	1.00	X	X					0.	0.	0.
(26) GERALD SKULLY EXECUTIVE DIRECTOR	40.00		X					65,209.	0.	9,318.
(27) DIANNE BREHM FINANCE DIRECTOR	40.00		X					63,901.	0.	4,258.
(28) WILLIAM HARPER EXECUTIVE DIRECTOR	40.00		X					41,422.	0.	6,304.
<b>1b Sub-total</b>								<b>170,532.</b>	<b>0.</b>	<b>19,880.</b>
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>170,532.</b>	<b>0.</b>	<b>19,880.</b>

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 ► 0

Yes	No
3	X
4	X
5	X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

## 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
<b>Contributions, gifts, grants and other similar amounts</b>					
1a Federated campaigns . . . . .	1a				
b Membership dues . . . . .	1b				
c Fundraising events . . . . .	1c				
d Related organizations . . . . .	1d	217,191.			
e Government grants (contributions) . . . . .	1e				
f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	2,452,876.			
g Noncash contributions included in lines 1a-1f \$					
<b>h Total. Add lines 1a-1f . . . . .</b>		<b>2,670,067.</b>			
<b>Program Service Revenue</b>	<b>Business Code</b>				
2a					
b					
c					
d					
e					
f All other program service revenue . . . . .					
<b>g Total. Add lines 2a-2f . . . . .</b>		<b>0.</b>			
<b>Other Revenue</b>					
3 Investment income (including dividends, interest, and other similar amounts). . . . .		58,639.			58,639.
4 Income from investment of tax-exempt bond proceeds . . . . .		0.			
5 Royalties . . . . .		0.			
6a Gross Rents . . . . .	(i) Real				
b Less rental expenses . . . . .	(ii) Personal				
c Rental income or (loss) . . . . .					
d Net rental income or (loss) . . . . .		0.			
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less cost or other basis and sales expenses . . . . .	(ii) Other	3,893.			
c Gain or (loss) . . . . .		3,893.			
d Net gain or (loss) . . . . .			3,893.		3,893.
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b Less direct expenses . . . . .	b				
c Net income or (loss) from fundraising events . . . . .		0.			
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.			
<b>Miscellaneous Revenue</b>	<b>Business Code</b>				
11a MISCELLANEOUS INCOME		96.	96.		
b ADMINISTRATION FEE INCOME		49,389.	49,389.		
c					
d All other revenue . . . . .		49,485.			
<b>e Total. Add lines 11a-11d . . . . .</b>		<b>2,782,084.</b>	<b>49,485.</b>		<b>62,532.</b>
<b>12 Total revenue. See instructions . . . . .</b>					

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . . . .	1,929,679.	1,929,679.		
2 Grants and other assistance to individuals in the US See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the US 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 . . . . .	170,532.	38,294.	90,983.	41,255.
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 . . . . .	178,680.	40,123.	95,331.	43,226.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,019.	2,490.	6,674.	2,855.
9 Other employee benefits . . . . .	33,580.	6,958.	18,647.	7,975.
10 Payroll taxes . . . . .	26,760.	6,120.	14,218.	6,422.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	0.			
c Accounting . . . . .	12,225.	2,614.	6,371.	3,240.
d Lobbying . . . . .	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees . . . . .	14,798.	0.	14,798.	0.
g Other . . . . .	7,054.	1,508.	3,676.	1,870.
12 Advertising and promotion . . . . .	25,452.	8,348.	7,453.	9,651.
13 Office expenses . . . . .	25,504.	6,927.	12,505.	6,072.
14 Information technology . . . . .	0.			
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	43,011.	13,052.	20,893.	9,066.
17 Travel . . . . .	5,484.	1,964.	1,826.	1,694.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	19,320.	6,920.	6,431.	5,969.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	30,519.	8,545.	16,175.	5,799.
22 Depreciation, depletion, and amortization . . . . .	5,536.	1,240.	2,965.	1,331.
23 Insurance . . . . .	5,304.	1,179.	2,835.	1,290.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONTRACT SERVICES	76,180.	73,068.	125.	2,987.
b EQUIPMENT MAINTENANCE & RENT	24,620.	5,345.	13,463.	5,812.
c CAMPAIGN EXPENSES	51,192.	27,472.	268.	23,452.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,697,449.	2,181,846.	335,637.	179,966.
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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 . . . . .	75,616.	1	73,416.
	2 Savings and temporary cash investments . . . . .	90,243.	2	215,545.
	3 Pledges and grants receivable, net . . . . .	1,037,071.	3	987,973.
	4 Accounts receivable, net . . . . .	6,395.	4	2,900.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	4,870.	9	7,151.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	153,699.		
	b Less: accumulated depreciation . . . . .	10b	127,319.	
		5,332.	10c	26,380.
	11 Investments - publicly traded securities . . . . .	2,112,792.	11	2,194,484.
	12 Investments - other securities. See Part IV, line 11 . . . . .	17,721.	12	20,332.
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
	15 Other assets. See Part IV, line 11 . . . . .	6,114.	15	5,494.
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	3,356,154.	16	3,533,675.
Liabilities	17 Accounts payable and accrued expenses . . . . .	550,651.	17	518,223.
	18 Grants payable . . . . .	1,550,000.	18	1,547,239.
	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 . . . . .	2,100,651.	26	2,065,462.
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 . . . . .	933,497.	27	1,028,224.
	28 Temporarily restricted net assets . . . . .	304,285.	28	419,657.
	29 Permanently restricted net assets . . . . .	17,721.	29	20,332.
	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 . . . . .	1,255,503.	33	1,468,213.
	34 Total liabilities and net assets/fund balances . . . . .	3,356,154.	34	3,533,675.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	2,782,084.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	2,697,449.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	84,635.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	1,255,503.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	128,075.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	1,468,213.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. 

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? . . . . .

2b Were the organization's financial statements audited by an independent accountant? . . . . .

2c If "Yes" to line 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 separate basis, consolidated basis, or both  
 Separate basis  Consolidated basis  Both consolidated and separate 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? . . . . .

3b 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		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A**  
(Form 990 or 990-EZ)

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

**2010**

Open to Public  
Inspection

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 described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 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 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).  
 (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
11g(i)		X
11g(ii)		X
11g(iii)		X

(A)	(ii)	(iii)	(iv)	(v)		(vi)		(vii)
				Yes	No	Yes	No	
(B)								
(C)								
(D)								
(E)								
<b>Total</b>								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,716,038.	2,818,281.	2,734,557.	2,544,250.	2,670,067.	13,483,193.
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 . . . . .	2,716,038.	2,818,281.	2,734,557.	2,544,250.	2,670,067.	13,483,193.
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						13,483,193.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .	2,716,038.	2,818,281.	2,734,557.	2,544,250.	2,670,067.	13,483,193.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	100,675.	108,498.	70,028.	63,955.	58,639.	401,795.
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1. . . . .	0.	0.	0.	37,139.	49,485.	86,624.
11 Total support. Add lines 7 through 10 . . . . .						13,971,612.
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 section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	96.50 %
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15	96.68 %
16a 33 1/3% support test - 2010. 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 - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2010. 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"/>		
b 33 1/3% support tests - 2009. 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"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2010

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1**SCHEDULE A, PART II - OTHER INCOME**

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
MISCELLANEOUS INCOME	0.	0.	0.	4,561.	96.	4,657.
ADMINISTRATIVE FEES	0.	0.	0.	26,893.	49,389.	76,282.
SPECIAL EVENT	0.	0.	0.	5,685.	0.	5,685.
<b>TOTALS</b>	<b>0.</b>	<b>0.</b>	<b>0.</b>	<b>37,139.</b>	<b>49,485.</b>	<b>86,624.</b>

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2010**Open to Public  
Inspection► 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.

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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register . . . . .	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:
a	Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----
b	Assets included in Form 990, Part X . . . . . ► \$ -----

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

JSA

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Schedule D (Form 990) 2010

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

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

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other _____
<b>c</b> <input type="checkbox"/> 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	17,721.	15,622.	15,622.		
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .	2,611.	2,099.			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	20,332.	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 ► 100.0000 %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>		X
<b>3b</b>		

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

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

**Part VI 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
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .					
<b>c</b> Leasehold improvements . . . . .		27,679.	26,973.		706.
<b>d</b> Equipment . . . . .		100,750.	75,076.		25,674.
<b>e</b> Other . . . . .		25,270.	25,270.		0.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . ► 26,380.

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		

Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ►

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must 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
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

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

**2. FIN 48 (ASC 740) 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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	1	2,782,084.
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	2,697,449.
3	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	3	84,635.
4	Net unrealized gains (losses) on investments . . . . .	4	128,075.
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 through 8 . . . . .	9	128,075.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	10	212,710.

**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	2,478,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	128,075.
b	Donated services and use of facilities . . . . .	2b	3,735.
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	131,810.
3	Subtract line 2e from line 1 . . . . .	3	2,346,938.
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	14,798.
b	Other (Describe in Part XIV) . . . . .	4b	420,348.
c	Add lines 4a and 4b . . . . .	4c	435,146.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	2,782,084.

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

1	Total expenses and losses per audited financial statements . . . . .	1	2,266,038.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a	Donated services and use of facilities . . . . .	2a	3,735.
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	3,735.
3	Subtract line 2e from line 1 . . . . .	3	2,262,303.
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	14,798.
b	Other (Describe in Part XIV) . . . . .	4b	420,348.
c	Add lines 4a and 4b . . . . .	4c	435,146.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18). . . . .	5	2,697,449.

**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, line 2; 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.

SEE PAGE 5

**Part XIV Supplemental Information (continued)****OTHER CHANGES TO REVENUE****SCHEDULE D, PART XII, LINE 4B****DESIGNATED CONTRIBUTIONS WHICH ARE NOT SHOWN AS REVENUE ON FINANCIAL****STATEMENTS: \$420,348****OTHER CHANGES TO EXPENSES****SCHEDULE D, PART XIII, LINE 4B****GRANTS OF DESIGNATED CONTRIBUTIONS WHICH WERE NOT SHOWN AS EXPENSES ON****THE FINANCIAL STATEMENTS: \$420,348****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.****FIN 48 (ASC 740) FOOTNOTE****SCHEDULE D - PART X - QUESTION 2****THE ORGANIZATION RECOGNIZES AND DISCLOSES UNCERTAIN TAX POSITIONS IN****ACCORDANCE WITH GAAP. AS OF AND DURING THE YEARS ENDED JUNE 30, 2011 AND****2010, THE ORGANIZATION DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX****BENEFITS. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY****FEDERAL AND STATE TAXING AUTHORITIES PRIOR TO 2007.**

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 15-15-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER LORAIN COUNTY, INC.

Employer 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. Part II can be duplicated if additional space is needed ►

1	1(a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS LORAIN COUNTY CHAPTER 2929 WEST RIVER ROAD ELYRIA, OH 44035	34-0900019	501(C) (3)	151,106.				DISASTER RELIEF, EME
(2)	ARTHRITIS FOUNDATION OF LORAIN COUNTY P.O. BOX 68 AVON LAKE, OH 44012	34-6544884	501(C) (3)	17,350.				CHRONIC DISEASE CONT
(3)	BIG BROTHERS BIG SISTERS OF LORAIN COUNTY 1917 NORTH RIDGE ROAD, EAST, SUITE A	34-1809153	501(C) (3)	30,525.				COMMUNITY BASED & SC
(4)	BLESSING HOUSE 5440 GROVE AVENUE LORAIN, OH 44055	30-0130029	501(C) (3)	33,756.				CHILDREN CRISIS CARE
(5)	BOYS & GIRLS CLUBS OF LORAIN COUNTY P.O. BOX 516 OBERLIN, OH 44074	34-1856214	501(C) (3)	72,218.				CORE YOUTH PROGRAMS
(6)	CATHOLIC CHARITIES COMMUNITY SERVICES 628 POPLAR STREET ELYRIA, OH 44035	34-1318541	501(C) (3)	58,564.				DAY SHELTER & HOT ME
(7)	CATHOLIC CHARITIES SERVICES CORPORATION 7911 DETROIT AVENUE CLEVELAND, OH 441102	34-1318541	501(C) (3)	18,462.				ADOPTION/BIRTH PAREN
(8)	CHILDREN'S DEVELOPMENTAL CENTER 150 ERIC COURT AMHERST, OH 44001	34-0789758	501(C) (3)	118,738.				OUTPATIENT REHABILIT
(9)	CLEVELAND HEARING & SPEECH CENTER 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648	501(C) (3)	28,921.				COMMUNITY SERVICES
(10)	COMMON GROUND THE CINDY NORD CENTER FOR REN 14240 BAYRD ROAD OBERLIN, OH 44074	34-1838503	501(C) (3)	15,026.				YOUTH DEVELOPMENT
(11)	COMMUNITY HEALTH PARTNERS FOUNDATION 3600 KOLBE ROAD LORAIN, OH 44053	34-0936851	501(C) (3)	5,202.				COMMUNITY SERVICES
(12)	EL CENTRO DE SERVICIOS SOCIALES, INC. 1888 EAST 31ST STREET LORAIN, OH 44055	34-1165756	501(C) (3)	108,722.				EMPLOYMENT SERVICES,

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

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization  
UNITED WAY OF GREATER LORAIN COUNTY, INC.

**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. Part  II can be duplicated if additional space is needed

1	2	3	4	5	6	7	8	9	10	11	12
(a) Name and address of organization or government	(b) EIN	(c) IRC 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				
(1) FAITH HOUSE 3250 WEST MARKET STREET #204	34-1938397	501(C) (3)	39,829.								
(2) FAMILY PLANNING SERVICES 602 LEONA STREET ELYRIA, OH 44035	34-1042711	501(C) (3)	81,092.								
(3) GIRL SCOUTS OF N.E. OHIO ONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0726094	501(C) (3)	40,787.								
(4) HOSPICE OF THE WESTERN RESERVE 30 EAST 185TH STREET CLEVELAND, OH 44119	34-1256377	501(C) (3)	5,008.								
(5) LEGAL AID SOCIETY OF LORAIN COUNTY 538 WEST BROAD STREET, SUITE 300	34-0866026	501(C) (3)	22,255.								
(6) LINDEN SCHOOL 424 EARL COURT ELYRIA, OH 44035	34-1597874	501(C) (3)	22,940.								
(7) LINKING EMPLOYMENT, ABILITIES, POTENTIAL 1468 WEST 25TH STREET CLEVELAND, OH 44113	34-1369608	501(C) (3)	35,053.								
(8) LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICE 2115 WEST PARK DRIVE LORAIN, OH 44053	34-1341788	501(C) (3)	52,882.								
(9) LORAIN COUNTY LABOR AGENCY 1936 COOPER FOSTER PARK ROAD	23-7387509	501(C) (3)	9,076.								
(10) LORAIN COUNTY OFFICE ON AGING 226 MIDDLE AVENUE ELYRIA, OH 44035	34-1136543	501(C) (3)	52,138.								
(11) LORAIN COUNTY SAFE HARBOR/GENESIS HOUSE P.O. BOX 718 LORAIN, OH 44052	34-1774211	501(C) (3)	55,695.								
(12) LORAIN COUNTY URBAN LEAGUE 401 BROAD STREET, SUITE B ELYRIA, OH 44035	34-1263379	501(C) (3)	101,050.								

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

3 Enter total number of other organizations

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

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2010**

Open to Public  
Inspection

Name of the organization  
UNITED WAY OF GREATER LORAIN COUNTY, INC.

Employer 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. Part II can be duplicated if additional space is needed. ►

1	1(a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
(1)	LUCY IDOL CENTER FOR THE HANDICAPPED P.O. BOX 162 VERNILLION, OH 44069	34-0893458	501(C) (3)	61,300.				REHABILITATION & MOB
(2)	NEIGHBORHOOD HOUSE ASSOCIATION P.O. BOX 1039 LORAIN, OH 44052	34-0714471	501(C) (3)	175,429.				HOMEMAKER ASSISTANCE
(3)	NORD CENTER 6140 SOUTH BROADWAY LORAIN, OH 44053	34-0949459	501(C) (3)	88,231.				HOUSING SERVICES & K
(4)	OBERLIN EARLY CHILDHOOD CENTER 317 EAST COLLEGE STREET OBERLIN, OH 44074	23-7313925	501(C) (3)	29,544.				CHILDCARE ASSISTANCE
(5)	SAVE OUR CHILDREN 1621 MIDDLE AVENUE ELYRIA, OH 44035	31-1547340	501(C) (3)	37,848.				AFTER SCHOOL AND YOU
(6)	SECOND HARVEST FOOD BANK OF NORTH CENTRAL OH 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C) (3)	95,789.				FOOD BANK
(7)	THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	23-1604737	501(C) (3)	7,800.				COMMUNITY SERVICES
(8)	VOCATIONAL GUIDANCE SERVICES 359 LOWELL STREET ELYRIA, OH 44035	34-0714650	501(C) (3)	21,210.				EMPLOYMENT SERVICES
(9)	VOLUNTEER GUARDIANSHIP PROGRAM 5201 ABBE ROAD ELYRIA, OH 44035	34-1899498	501(C) (3)	17,448.				GUARDIANSHIP PROGRAM
(10)	YWCA OF ELYRIA 318 WEST AVENUE ELYRIA, OH 44035	34-0718418	501(C) (3)	30,080.				TRANSITIONAL HOUSING
(11)	FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND STREET CLEVELAND, OH 44120	34-1598710	501(C) (3)	6,891.				EMERGENCY HOUSING
(12)								

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

3 Enter total number of other organizations

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

31.

Schedule I (Form 990) (2010)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

**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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

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, UNITED WAY VOLUNTEERS PROVIDE 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.

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER LORAIN COUNTY, INC.

Employer identification number

34-1011104

### FORM 990 REVIEW PROCESS

#### FORM 990 PART VI - SECTION B - QUESTION 11B

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 OF DIRECTORS. THE BOARD OF DIRECTORS HAS AN OPPORTUNITY TO ASK ANY QUESTIONS. THE FORM 990 IS THEN APPROVED BY THE ENTIRE BOARD OF DIRECTORS.

### CONFLICT OF INTEREST POLICY

#### FORM 990 PART VI - SECTION B - QUESTION 12C

AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND EMPLOYEES. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE ETHICS COMMITTEE. THE ETHICS COMMITTEE CHAIR REPORTS TO THE BOARD ANY POTENTIAL CONFLICT OF INTEREST. IF A TRANSACTION ARISES, IN WHICH AN INDIVIDUAL HAS A CONFLICT, THE PERSON IS EXCUSED FROM THE DISCUSSION AND VOTE. 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

#### FORM 990 PART VI - SECTION B - QUESTION 15

A COMPENSATION STUDY WAS PERFORMED USING AN OUTSIDE INDEPENDENT HUMAN

Name of the organization

UNITED WAY OF GREATER LORAIN COUNTY, INC.

Employer identification number

34-1011104

RESOURCE CONSULTANT. EACH POSITION WAS STUDIED WITH COMPARABLE DATA SHOWING A RANGE OF SALARIES FOR EACH POSITION. BUDGET WITH SALARY INFORMATION IS THEN RECOMMENDED BY THE FINANCE COMMITTEE AND APPROVED BY THE FULL BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE REVIEWS AND RECOMMENDS TO THE BOARD TOTAL COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE COMMITTEE MONITORS MARKET PRACTICES OF COMPARABLE ORGANIZATIONS TO ENSURE THAT EXECUTIVE COMPENSATION IS COMPETITIVE AND CONSISTENT WITH MARKET PRACTICES.

#### AVAILABILITY OF GOVERNING DOCUMENTS

FORM 990 PART VI - SECTION C - 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](http://WWW.UWLORAINCOUNTY.ORG) IN ADDITION, THE ORGANIZATION PUBLISHES AND MAKES AVAILABLE ON THE WEBSITE, AN ANNUAL REPORT WHICH CONTAINS ACCOMPLISHMENTS AND SUMMARIZED FINANCIAL STATEMENTS.

#### RECONCILIATION OF NET ASSETS

FORM 990 PART XI - LINE 5

UNREALIZED GAIN ON INVESTMENTS - \$128,075

ATTACHMENT 1

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

COMMUNITY IMPACT FUNDS PROGRAMS IN THE FOLLOWING AREAS:

STRENGTHENING FAMILIES, NURTURING CHILDREN AND YOUTH, AND CARING

Name of the organization

UNITED WAY OF GREATER LORAIN COUNTY, INC.

Employer identification number

34-1011104

ATTACHMENT 1 (CONT'D)

FOR BASIC NEEDS. GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR INDIVIDUAL FAMILIES. 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. THE GOAL FOR NURTURING CHILDREN AND YOUTH IS TO ENSURE 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. THE GOAL FOR CARING FOR BASIC NEEDS IS TO PROVIDE PEOPLE LIVING IN LORAIN COUNTY WITH TOOLS TO MEET THEIR BASIC NEEDS FOR SAFETY, NUTRITION, SAFE AND AFFORDABLE SHELTER, CRISIS INTERVENTION AND OTHER SITUATIONS REQUIRING EMERGENCY ASSISTANCE. - 58,732 PEOPLE SERVED

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only  ► *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization <b>UNITED WAY OF GREATER LORAIN COUNTY, INC.</b>	Employer identification number <b>34-1011104</b>
File by the due date for filing your return. See Instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1875 NORTH RIDGE ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LORAIN, OH 44055</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

 **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **DIANNE BREHM**

Telephone No. ► **440 277-6530** FAX No. ► 

- If the organization does not have an office or place of business in the United States, check this box  ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  ►  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20    or

►  tax year beginning 07/01, 20 10, and ending 06/30, 20 11.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <input type="text"/>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ <input type="text"/>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <input type="text"/>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)