




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		31-0536658 E Telephone number (937) 225-3001 G Gross receipts \$ 11,403,829	
C Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 33 WEST FIRST STREET NO 500 City or town, state or country, and ZIP + 4 DAYTON, OH 45402			
F Name and address of principal officer J THOMAS MAULTSBY 33 WEST FIRST STREET SUITE 500 DAYTON, OH 45402		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW DAYTON-UNITEDWAY.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1942	M State of legal domicile OH

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY IS THE ONLY NON-PROFIT THAT FOCUSES ON THE BIG COMMUNITY PICTURE IN ORDER TO MEET THE BROAD RANGE OF HEALTH AND HUMNAN SERVICE NEEDS UNITED WAY USES A DUAL APPROACH TO ADDRESS COMMUNITY PROBLEMS- MAKING A DIRECT IMPACT ON IMMEDIATE NEEDS AND FINDING LONG-TERM SOLUTIONS FOR NEEDS THAT CAN BE DIMINISHED UNITED WAY ACCOMPLISHES ITS MISSION THROUGH SUPPORT FOR LOCAL HEALTH AND HUMAN SERVICE AGENCIES THAT MEET RIGOROUS STANDARDS FOR QUALITY OF SERVICE, FINANCIAL HEALTH, AND BOARD GOVERNANCE AS WELL AS THROUGH DIRECT SERVICES AND COMMUNITY INITIATIVES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2011 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	4,278
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
b Net unrelated business taxable income from Form 990-T, line 34		7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,840,106	10,956,202
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	554,239	440,223
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,466	7,404
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,655	0
		11,439,466	11,403,829
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,356,632	8,245,604
	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)	2,060,236	2,150,037
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,560,157</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	986,207	947,942
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,403,075	11,343,583
	19 Revenue less expenses Subtract line 18 from line 12	36,391	60,246
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		13,202,529	12,836,494
21 Total liabilities (Part X, line 26)		6,194,804	6,923,673
22 Net assets or fund balances Subtract line 21 from line 20		7,007,725	5,912,821

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2013-02-13</div> <div>Date</div> </div>
	<div> <div>TOM MAULTSBY PRESIDENT & CEO</div> <div>Type or print name and title</div> </div>
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div>TODD R ROBERTS</div> </div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>Preparer's taxpayer identification number (see instructions)</div> <div>P00197560</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>BRADY WARE & SCHOENFELD INC</div> <div>ONE SOUTH MAIN STREET SUITE 600</div> <div>DAYTON, OH 454022088</div> </div>
	<div> <div>EIN</div> <div>35-1476702</div> </div> <div> <div>Phone no</div> <div>(937) 223-5247</div> </div>
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 8,695,989 including grants of \$ 8,245,604) (Revenue \$ 383,722)

FUND ALLOCATIONS, DONOR DESIGNATIONS, AND VOLUNTEER CONNECTION UNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF EDUCATION, INCOME AND BASIC NEEDS, AND HEALTH AND WELL-BEING KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND MAKE TOUGH DECISIONS ON HOW BEST TO MEET THE NEEDS AND FILLGAPS WITH GRANTS FROM UNITED WAY FUNDS IN FISCAL YEAR 2011, THESE PROGRAMS SERVED MORE THAN 371,380 CHILDREN AND ADULTS IN THE DAYTON REGION VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCE CENTER THAT LINKS ADULT AND YOUTH INDIVIDUALS AND GROUPS TO ONGOING AND ONE-TIME VOLUNTEER OPPORTUNITIES IN FISCAL 2011, VOLUNTEER CONNECTION MADE 7,189 REFERRALS TO VOLUNTEER OPPORTUNITIES AND PLACED 3,077 INDIVIDUALS IN DAYS-OF-SERVICE PROJECTS UNITED WAY ALSO DISTRIBUTES CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES AS A SERVICE TO DONORS PARTICIPATING IN THE ANNUAL UNITED WAY CAMPAIGN OR COMBINED FEDERAL CAMPAIGN (CFC)

4b

(Code) (Expenses \$ 512,301 including grants of \$ 0) (Revenue \$ 56,501)

UNITED WAY'S HELPLINK 2-1-1 IS A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL SERVICE PROVIDED 24 HOURS A DAY, 365 DAYS A YEAR HELPLINK MAINTAINS THE REGION'S MOST COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES AND IS CONNECTED WITH SERVICES THROUGHOUT THE STATE AND COUNTRY HELPLINK OFFERS INFORMATION AND SCHEDULING ASSISTANCE FOR THE EARNED INCOME TAX CREDIT AND CONDUCTS OUTREACH TO DISLOCATED WORKERS HELPLINK ALSO PROVIDES AN AFTER HOUR ANSWERING SERVICE FOR NONPROFIT AND GOVERNMENT AGENCIES AND CASE CONSULTATION FOR CHURCHES AND INSTITUTIONAL SOCIAL WORK DEPARTMENTS IN FISCAL 2012 HELPLINK ASSISTED 81,718 PEOPLE

4c

(Code) (Expenses \$ 98,809 including grants of \$ 0) (Revenue \$ 0)

AFL-CIO COMMUNITY SERVICES PROVIDES AN EMERGENCY FOOD PANTRY AND OTHER SERVICES FOCUSED ON, BUT NOT LIMITED TO, DISLOCATED WORKERS AND THEIR FAMILIES EMERGENCY FOOD, CASE MANAGEMENT, ESPECIALLY HELP NAVIGATING THE HUMAN SERVICE SYSTEM AND APPLYING FOR STATE AND FEDERAL BENEFITS INCLUDING THE EARNED INCOME TAX CREDIT, FINANCIAL LITERACY AND TEMPORARY FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FORECLOSURE PREVENTION, AND/OR DEBT MANAGEMENT IN FISCAL 2012, THE FOOD PANTRY PROVIDED 78,825 MEALS TO 1,618 FAMILIES COMPRISED OF 3,678 ADULTS AND 1,577 CHILDREN

(Code) (Expenses \$ 103,258 including grants of \$) (Revenue \$)

PREBLE AND GREENE COUNTY PROGRAM SERVICES

4d

Other program services (Describe in Schedule O)
















(Expenses \$ 103,258 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 9,410,357

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
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? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
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? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
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? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
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? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
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? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .			1a	0
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	
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	38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	No
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	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12.			10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11	Section 501(c)(12) organizations. Enter				
a	Gross income from members or shareholders.			11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a	
b	Enter the aggregate 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 aggregate amount of reserves on hand.			13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

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

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	J THOMAS MAULTSBY 33 WEST FIRST STREET SUITE 500 DAYTON, OH 45402 (937) 225-3001

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALLEN ELDAH PRESIDENT AND CEO	40 00	X		X		X		122,783	0	20,219
(2) PAMELA MORRIS CHAIRMAN OF THE BOARD	5 00	X		X				0	0	0
(3) PATRICK BUCHENROTH TREASURER	5 00	X		X				0	0	0
(4) GARY AUMAN PAST CHAIR OF THE BOARD	5 00	X						0	0	0
(5) JULIA BELDEN DIRECTOR	5 00	X						0	0	0
(6) SUE CIARLARIELLO DIRECTOR	5 00	X						0	0	0
(7) KARL COLON DIRECTOR	5 00	X						0	0	0
(8) ROBERT CURRY DIRECTOR	5 00	X						0	0	0
(9) DANIEL DAVIS DIRECTOR	5 00	X						0	0	0
(10) STEVE EARMAN DIRECTOR	5 00	X						0	0	0
(11) NICHOLAS EDWARDS DIRECTOR	5 00	X						0	0	0
(12) JEFF FRYMIER DIRECTOR	5 00	X						0	0	0
(13) COL AMANDA GLADNEY DIRECTOR	5 00	X						0	0	0
(14) DENNIS GRANT DIRECTOR	5 00	X						0	0	0
(15) DR PERRY HENDERSON JR DIRECTOR	5 00	X						0	0	0
(16) DAVID KINSAUL DIRECTOR	5 00	X						0	0	0
(17) DANIEL KUGEL DIRECTOR	5 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAN LEPORE-JENTLESON DIRECTOR	5 00	X						0	0	0
(19) DEBORAH LIEBERMAN DIRECTOR	5 00	X						0	0	0
(20) MARC MARTENS DIRECTOR	5 00	X						0	0	0
(21) CHARLES MORTON DIRECTOR	5 00	X						0	0	0
(22) COLLEEN RYAN DIRECTOR	5 00	X						0	0	0
(23) WILLIE THORPE DIRECTOR	5 00	X						0	0	0
(24) JAMES WINSHIP DIRECTOR	5 00	X						0	0	0
(25) TERI WARWICK CFO & CHIEF OPERATING OFFI	40 00			X		X		104,572	0	9,473
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								227,355	0	29,692

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶2

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(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 of compensation from the organization ▶0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,956,202				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			10,956,202			
Program Service Revenue			Business Code					
	2a	CAMPAIGN ADMINISTRATIO	541900	383,722	383,722			
	b	INFORMATION & REFERRAL	624100	56,501	56,501			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			440,223			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			7,404		7,404	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			11,403,829	440,223	0	7,404	

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)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,245,604	8,245,604		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	344,141	133,940	29,225	180,976
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,198,131	466,312	101,746	630,073
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	238,454	101,991	18,021	118,442
9	Other employee benefits	207,521	74,964	18,301	114,256
10	Payroll taxes	161,790	69,528	13,412	78,850
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,127	3,639	2,425	6,063
c	Accounting	23,900	3,750	5,350	14,800
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	213,037	78,998	27,432	106,607
12	Advertising and promotion	187,329	81,838	15,220	90,271
13	Office expenses	20,070	8,920	1,935	9,215
14	Information technology				
15	Royalties				
16	Occupancy	152,459	74,963	10,739	66,757
17	Travel	17,003	6,440	1,292	9,271
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	25,321	10,171	2,770	12,380
20	Interest				
21	Payments to affiliates	121,869		96,620	25,249
22	Depreciation, depletion, and amortization	20,405	6,121	4,081	10,203
23	Insurance	15,903	10,375	1,579	3,949
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	ADMINISTRATION FEE - CF	73,000	0	18,250	54,750
b	TELEPHONE	32,613	17,347	2,009	13,257
c	ALL OTHER EXPENSES	18,431	12,813	927	4,691
d	POSTAGE AND SHIPPING	14,475	2,643	1,735	10,097
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	11,343,583	9,410,357	373,069	1,560,157
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			826,975	1	1,023,755
	2	Savings and temporary cash investments			472,288	2	0
	3	Pledges and grants receivable, net			4,181,353	3	4,159,944
	4	Accounts receivable, net			96,970	4	193,312
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			32,071	9	39,819
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	162,360			
	b	Less accumulated depreciation	10b	96,196	84,210	10c	66,164
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			5,492,384	12	5,227,477
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,016,278	15	2,126,023
	16	Total assets. Add lines 1 through 15 (must equal line 34)			13,202,529	16	12,836,494
Liabilities	17	Accounts payable and accrued expenses			67,725	17	90,008
	18	Grants payable			6,127,079	18	5,733,665
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			0	25	1,100,000
	26	Total liabilities. Add lines 17 through 25			6,194,804	26	6,923,673
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,766,146	27	740,303
	28	Temporarily restricted net assets			2,572,640	28	2,637,552
	29	Permanently restricted net assets			2,668,939	29	2,534,966
	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			7,007,725	33	5,912,821
	34	Total liabilities and net assets/fund balances			13,202,529	34	12,836,494

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	11,403,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,343,583
3	Revenue less expenses Subtract line 2 from line 1	3	60,246
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,007,725
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,155,150
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	5,912,821

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number 31-0536658
---	--

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,058,989	11,351,363	10,604,947	10,840,106	10,956,202	56,811,607
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	13,058,989	11,351,363	10,604,947	10,840,106	10,956,202	56,811,607
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						56,811,607

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	13,058,989	11,351,363	10,604,947	10,840,106	10,956,202	56,811,607
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	245,726	199,285	55,542	45,121	7,404	553,078
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						57,364,685

12 Gross receipts from related activities, etc (See instructions)

12

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 040 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 850 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number
31-0536658

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

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

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

1

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

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

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	3,222,563	2,755,545	2,580,838	3,287,225
b	Contributions				
c	Investment earnings or losses	-61,803	613,154	326,869	-549,327
d	Grants or scholarships				
e	Other expenditures for facilities and programs	113,019	118,904	125,669	130,108
f	Administrative expenses	5,727	27,232	26,493	26,952
g	End of year balance	3,042,014	3,222,563	2,755,545	2,580,838

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 16 700 %

b

Permanent endowment ▶ 83 300 %

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

Yes

No

3a(ii)

No

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment	162,360	96,196	66,164
e	Other			
Total.	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)			66,164

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,403,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,343,583
3	Excess or (deficit) for the year Subtract line 2 from line 1	60,246
4	Net unrealized gains (losses) on investments	-55,150
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-1,100,000
9	Total adjustments (net) Add lines 4 - 8	-1,155,150
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-1,094,904

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	5,922,145
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d	109,745
e	Add lines 2a through 2d2e	109,745
3	Subtract line 2e from line 13	5,812,400
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 7b4a	
b	Other (Describe in Part XIV)4b	5,591,429
c	Add lines 4a and 4b4c	5,591,429
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	11,403,829

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	7,017,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d	-4,326,534
e	Add lines 2a through 2d2e	-4,326,534
3	Subtract line 2e from line 13	11,343,583
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 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	11,343,583

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT CONSISTS OF TEMPORARILY AND PERMANENTLY RESTRICTED GIFTS WITH THE EARNINGS AVAILABLE TO SUPPORT THE MISSION OF THE UNITED WAY IN SUPPORTING HEALTH AND HUMAN SERVICE AGENCIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS IT HAS TAKEN, OR EXPECTS TO TAKE, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAXING AUTHORITY. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE BENEFIT ARISING FROM AN UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2012. THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2008, 2009, AND 2010 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.
PART XI, LINE 8 - OTHER ADJUSTMENTS		DEFINED BENEFIT PLAN ADJUSTMENT -1,100,000
		PART XII, LINE 2D - OTHER ADJUSTMENTS INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 109,745 PART XII, LINE 4B - OTHER ADJUSTMENTS DONOR DESIGNATIONS 5,591,429 PART XII, LINE 2D - OTHER ADJUSTMENTS LOSS ON PERPETUAL INTEREST IN TRUSTS 50,025 LOSS ON INVESTMENTS AT THE DAYTON FOUNDATION 114,870 DEFINED BENEFIT PLAN ADJUSTMENT 1,100,000 DONOR DESIGNATIONS - 5,591,429

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE UNITED WAY OF THE GREATER DAYTON AREA

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
31-0536658

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 196

3 Enter total number of other organizations listed in the line 1 table

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 PAWS FOR ABILITY INC207-253 DAYTON AVENUE XENIA, OH 45385	31-1625484	501(C)(3)	8,461				PROGRAM OPERATING COSTS
4C FOR CHILDREN1000 N KEOWEE STREET DAYTON, OH 45404	31-0823634	501(C)(3)	4,526				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A KID AGAIN777-G DEARBORN PARK LANE COLUMBUS, OH 43085	31- 1440073	501(C)(3)	5,221				PROGRAM OPERATING COSTS
A SPECIAL WISH FOUNDATION INC 436 VALLEY STREET DAYTON, OH 45404	31- 1234314	501(C)(3)	64,098				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACACIA ADULT DAY SERVICES 11391 ACACIA PKWY GARDEN GROVE, CA 92840	95-3509323	501(C)(3)	95,585				PROGRAM OPERATING COSTS
AFL-CIO LABOR FOOD PANTY 6550 POE AVE DAYTON, OH 45414	31-1757115	501(C)(3)	37,767				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OHIO INC 15 WFOURTH STREET SUITE 200 DAYTON, OH 45402	31-1256541	501(C)(3)	39,048				PROGRAM OPERATING COSTS
AIM FOR THE HANDICAPPED945 DANBURY ROAD DAYTON, OH 45420	31-6059936	501(C)(3)	12,994				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA KAPPA ALPHA EDUCATIONAL ADVANCEMEN ADVANCEMENT FOUNDATION5656 SOUTH STONEY ISLAND AVENUE CHICAGO,IL 60637	36- 3104692	501(C)(3)	5,861				PROGRAM OPERATING COSTS
ALZHEIMER'S ASSOCIATION ALZHEIMERS DISEASE AND RELATED DISORDER 225 N MICHIGAN AVE 17TH CHICAGO,IL 60601	13- 3039601	501(C)(3)	7,740				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDER CHAPTER3797 SUMMIT GLEN DRIVE SUITE G100 DAYTON, OH 45449	31-1031867	501(C)(3)	25,888				PROGRAM OPERATING COSTS
ALZHEIMER'S RESEARCH AND PREVENTION FOUN FOUNDATION6300 E EL DORADO PLZ STE 400 TUCSON, AZ 85715	86-0735832	501(C)(3)	14,385				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S RESEARCH FOUNDATION FISHER ZACHARY AND ELIZABETH M FISHER CENTWEST 46TH STREET AND 12TH AVENUE NEW YORK, NY 10036	13-3859563	501(C)(3)	15,675				PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI, OH 45206	34-0726080	501(C)(3)	48,543				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY SOUTHWEST REGIONAL OFFICE 5635 WEST 96TH ST SUITE 100 INDIANAPOLIS, IN 46278	34-0726080	501(C)(3)	6,883				PROGRAM OPERATING COSTS
AMERICAN CANCER SOCIETY EAST CENTRAL DI INC 5555 FRANTZ RD DUBLIN, OH 43017	25-1798733	501(C)(3)	11,216				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION4555 LAKE FOREST DRIVE SUITE 396 CINCINNATI, OH 45242	13-1623888	501(C)(3)	14,626				PROGRAM OPERATING COSTS
AMERICAN HEART ASSOCIATIONPO BOX 1762 SPRINGFIELD, OH 45501	13-5613797	501(C)(3)	22,271				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF THE MIDLAND CINCINNATI LOCATION1950 ARLINGATE LANE COLUMBUS, OH 43228	31-4379531	501(C)(3)	5,162				PROGRAM OPERATING COSTS
AMERICAN RED CROSS2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	81,236				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 WEST FIRST STREET DAYTON, OH 454010517	31-0537493	501(C)(3)	536,433				PROGRAM OPERATING COSTS
ANGEL CANINES FOR WOUNDED WARRIORS MERCY MEDICAL AIRLIFT 4620 HAYGOOD ROAD STE 1 VIRGINIA BEACH, VA 23455	27-0385676	501(C)(3)	7,459				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANGEL FLIGHT OF OHIO4620 HAYGOOD RD STE 1 VIRGINIA BEACH, VA 23455	42-1528388	501(C)(3)	7,038				PROGRAM OPERATING COSTS
ANIMAL WELFARE LEAGUE OF CLARK COUNTY701 BASSWOOD DRIVE SPRINGFIELD,OH 45504	31-6060287	501(C)(3)	12,185				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSWERS IN GENESIS INC2800 BULLITTSBURG CHURCH ROAD PETERSBURG, KY 41080	33-0596423	501(C)(3)	5,777				PROGRAM OPERATING COSTS
ANTIOCH UNIVERSITY150 E SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387	31-0536640	501(C)(3)	25,186				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHBISHOP ALTER HIGH SCHOOL940 EAST DAVID ROAD KETTERING, OH 45429	31-0652528	501(C)(3)	7,901				PROGRAM OPERATING COSTS
ARCHDIOCESE FOR THE MILITARY SERVICES U1025 MICHIGAN AVENUE NE WASHINGTON, DC 20017	13-1624090	501(C)(3)	6,371				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARMED FORCES FAMILY SURVIVORS FUND INTREPID FALLEN HEROES FUND WEST 46TH ST AND 12TH AVE NEW YORK, NY 10036	20-0366717	501(C)(3)	5,744				PROGRAM OPERATING COSTS
ARTEMIS CENTER TO DOMESTIC VIOLENCE310 WEST MONUMENT AVE THIRD FLOOR DAYTON, OH 45402	31-1120194	501(C)(3)	168,055				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION INC OHIO RIVER VALLEY CHAPTER 7124 MIAMI AVENUESUITE A CINCINNATI, OH 45243	31-6043937	501(C)(3)	10,169				PROGRAM OPERATING COSTS
ARTHRITIS NATIONAL RESEARCH FOUNDATION200 OCEANGATE STE 830 LONG BEACH, CA 90802	95-6043953	501(C)(3)	5,538				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPCA AMERICAN SOCIETY FOR THE PREVENT PREVENTION OF CRUELTY TO ANIMALS520 EIGHTH AVENUE 7TH FLOOR NEW YORK, NY 10018	13-1623829	501(C)(3)	13,885				PROGRAM OPERATING COSTS
AULLWOOD AUDUBON CENTER & FARM1000 AULLWOOD ROAD DAYTON, OH 45414	31-0968010	501(C)(3)	6,322				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUTISM RESEARCH - THE AUTISM SOCIETY OF AMERICA FOUNDATIO4340 EAST WEST HWY STE 350 BETHESDA, MD 20814	52-2007155	501(C)(3)	6,202				PROGRAM OPERATING COSTS
BEAVER CREEK WETLANDS ASSOCIATION INC PHILLIPS PARK DAYTON XENIA ROAD BEAVERCREEK, OH 45434	31-1241944	501(C)(3)	13,285				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY 2211 ARBOR BLVD MORaine, OH 45439	31- 0641306	501(C)(3)	113,495				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA MIAMI VALLEY COUN COUNCIL6550 POE AVENUE DAYTON, OH 45414	31- 0537124	501(C)(3)	61,391				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS TECUMSEH326 SOUTH THOMPSON AVE SPRINGFIELD, OH 45506	31- 0536966	501(C)(3)	8,905				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF DAYTON1828 WEST STEWART DAYTON, OH 45408	31- 0536657	501(C)(3)	120,551				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREAST CANCER RESEARCH FOUNDATION60 E 56TH ST 8TH FLOOR NEW YORK, NY 10022	13-3727250	501(C)(3)	5,825				PROGRAM OPERATING COSTS
BROTHER'S BROTHER FOUNDATION1200 GALVESTON AVENUE PITTSBURGH, PA 15233	34-6562544	501(C)(3)	5,362				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE USA 1100 WALNUT ST SUITE 1900 KANSAS CITY, MO 64106	36- 6000487	501(C)(3)	31,079				PROGRAM OPERATING COSTS
CANCER RESEARCH FOUNDATION3354 NORTH PAULINA STREET NO 208 CHICAGO, IL 60657	36- 2385213	501(C)(3)	7,762				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF SOUTHWESTERN OHIO SERVICES641 EAST HIGH STREET SPRINGFIELD, OH 45505	31-0536968	501(C)(3)	10,829				PROGRAM OPERATING COSTS
CATHOLIC CHARITIES USA SIXTY-SIX CANAL CENTER PLAZA SUITE 600 ALEXANDRIA, VA 22314	53-0196620	501(C)(3)	8,260				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC RELIEF SERVICES - USCCB (CATHOLIC RELIEF SERVICES) 228 WEST LEXINGTON STREET BALTIMORE, MD 21201	13-5563422	501(C)(3)	30,755				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(C)(3)	395,904				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL STATE UNIVERSITY FOUNDATION1400 BRUSH ROW ROAD PO BOX 1004 WILBERFORCE, OH 45384	31-0749885	501(C)(3)	8,450				PROGRAM OPERATING COSTS
CHILD HUNGER ALLIANCE370 S 5TH STREET COLUMBUS, OH 43215	23-7303509	501(C)(3)	10,432				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HUNGER ALLIANCE 3077 KETTERING BLVD SUITE 300 DAYTON, OH 45439		501(C)(3)	5,500				PROGRAM OPERATING COSTS
CLOTHES THAT WORK1133 SOUTH EDWIN C MOSES BOULEVARDS ITE 392 DAYTON, OH 45408	31-1575093	501(C)(3)	24,983				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASSION INTERNATIONAL 12290 VOYAGER PKWY COLORADO SPRINGS, CO 80921	36-2423707	501(C)(3)	5,360				PROGRAM OPERATING COSTS
CRAYONS TO CLASSROOMS1511 KUNTZ ROAD DAYTON, OH 45404	26-1594574	501(C)(3)	7,698				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROHN'S AND COLITIS FOUNDATION OF AMERIC AMERICA 386 PARK AVE SOUTH 17TH FLOOR NEW YORK,NY 10016	13-6193105	501(C)(3)	5,955				PROGRAM OPERATING COSTS
DAKOTA CENTER INC33 BARNETT STREET DAYTON,OH 454028206	31-0731056	501(C)(3)	50,866				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYBREAK INC605 S PATTERSON BOULEVARD DAYTON, OH 45402	31-0864474	501(C)(3)	187,045				PROGRAM OPERATING COSTS
DAY-MONT BEHAVIORAL HEALTH CARE INC 1520 GERMANTOWN STREET DAYTON, OH 45417	31-0819904	501(C)(3)	5,898				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON CHRISTIAN CENTER INC1352 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-1593146	501(C)(3)	5,983				PROGRAM OPERATING COSTS
DAYTON OHIO HABITAT FOR HUMANITY INC 3534 LINDEN AVENUE DAYTON, OH 45410	31-1104456	501(C)(3)	39,308				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON PHILHARMONIC ORCHESTRA ASSOCIATION109 NORTH MAIN STREET SUITE 200 DAYTON, OH 45402	31-6000101	501(C)(3)	8,850				PROGRAM OPERATING COSTS
DAYTON URBAN MINISTRIES3665 OTTERBEIN AVE DAYTON, OH 45406	31-1482732	501(C)(3)	36,536				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES DAYTON2555 S DIXIE DR SUITE 112 KETTERING,OH 45409	31-6084147	501(C)(3)	54,173				PROGRAM OPERATING COSTS
DISABLED AMERICAN VETERANS (DAV) CHARITA CHARITABLE SERVICE TRUST 3725 ALEXANDRIA PIKE COLD SPRING,KY 41076	52-1521276	501(C)(3)	13,144				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOCTORS WITHOUT BORDERS USAPO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	12,226				PROGRAM OPERATING COSTS
EARTHSHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501(C)(3)	5,812				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST END COMMUNITY SERVICES624 XENIA AVENUE DAYTON, OH 45410	31-1508554	501(C)(3)	84,782				PROGRAM OPERATING COSTS
ELIZABETH'S NEW LIFE CENTER DAYTON359 FOREST AVENUE SUITE 203 DAYTON, OH 45405	31-1381901	501(C)(3)	29,290				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENON EMERGENCY RESCUE SQUAD260 E MAIN STREET ENON, OH 45323	31-0734624	501(C)(3)	8,483				PROGRAM OPERATING COSTS
EPILEPSY FOUNDATION OF WESTERN OHIO11 WEST MONUMENT AVENUE SUITE 101 DAYTON, OH 45402	31-0920600	501(C)(3)	21,380				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRBORN PRESCHOOL AND DAYCARE100 N BROAD STREET FAIRBORN, OH 45324	31-0798490	501(C)(3)	8,986				PROGRAM OPERATING COSTS
FAIRBORN SENIOR CENTER325 N THIRD ST FAIRBORN, OH 45324	31-0846949	501(C)(3)	25,972				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRBORN SENIOR CITIZENS ASSOC 325 NORTH THIRD STREET FAIRBORN, OH 45324	31-0846949	501(C)(3)	8,985				PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION INC 2211 ARBOR BLVD MORAINE, OH 45439	31-0561485	501(C)(3)	322,388				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES WRIGHT PATTERSON AIR FO FORCE BASE 2000 ALLBROOK DRIVE BLDG 2 DOOR 3 WRIGHTPATTERSON AFB, OH 45433	30- 0298005	501(C)(3)	12,491				PROGRAM OPERATING COSTS
FAMILY VIOLENCE PREVENTION CENTER OF GRE OF GREENE COUNTY380 BELLBROOK AVE XENIA, OH 45385	31- 0992401	501(C)(3)	85,686				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED THE CHILDREN333 NORTH MERIDIAN OKLAHOMA CITY, OK 73107	73-6108657	501(C)(3)	9,382				PROGRAM OPERATING COSTS
FEEDING AMERICA FOOD BANK NETWORK35 E WACKER DRIVE STE 2000 CHICAGO,IL 60601	36-3673599	501(C)(3)	6,410				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FISHER HOUSE FOUNDATION111 ROCKVILLE PIKE SUITE 420 ROCKVILLE,MD 20850	11-3158401	501(C)(3)	21,367				PROGRAM OPERATING COSTS
FISHERNIGHTINGALE HOUSES INCPO BOX 33871 WRIGHTPATTERSON AFB,OH 45433	31-1313382	501(C)(3)	60,197				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOCUS ON THE FAMILY8655 EXPLORER DRIVE COLORADO SPRINGS, CO 80920	95-3188150	501(C)(3)	17,007				PROGRAM OPERATING COSTS
GERMANTOWN COMMUNITY SERVICES12 E MARKET STREET GERMANTOWN, OH 45327	31-1003259	501(C)(3)	8,411				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WESTERN OHIO 450 SHOUP MILL ROAD DAYTON, OH 45415	31-0579673	501(C)(3)	47,307				PROGRAM OPERATING COSTS
GIRL SCOUTS OF WESTERN OHIO COUNCIL 4930 CORNELL ROAD CINCINNATI, OH 452421804	31-0679091	501(C)(3)	6,746				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEN HELEN ASSOCIATION405 CORRY STREET YELLOW SPRINGS, OH 45387	31-0963193	501(C)(3)	9,928				PROGRAM OPERATING COSTS
GOOD NEIGHBOR HOUSE627 EAST FIRST STREET DAYTON,OH 45402	31-1374154	501(C)(3)	41,978				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL EASTER SEALS MIAMI VALLEY 1511 KUNTZ ROAD DAYTON, OH 45404	31- 0537112	501(C)(3)	32,746				PROGRAM OPERATING COSTS
GOSPEL MISSION INC64 BURNS AVENUE PO BOX 1141 DAYTON, OH 454011141	31- 0543267	501(C)(3)	19,952				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACEWORKS LUTHERAN SERVICES6430 INNER MISSION WAY CENTERVILLE,OH 45459	31-0540159	501(C)(3)	58,038				PROGRAM OPERATING COSTS
GREATER DAYTON PUBLIC TELEVISION THINK TV204 N FOUNTAIN AVENUE SPRINGFIELD,OH 45502	31-0858459	501(C)(3)	11,434				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DAYTON VOLUNTEERS LAWYERS PROJEC 610 PERFORMANCE PLACE 109 NORTH MAIN STREET DAYTON,OH 45402	31-1251172	501(C)(3)	8,553				PROGRAM OPERATING COSTS
GREENE COUNTY LIVE UNITED 247 365		501(C)(3)	53,541				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREENE COUNTY OH343 W ANKENY MILL ROAD XENIA, OH 45385	31-1312175	501(C)(3)	26,106				PROGRAM OPERATING COSTS
HARDING PLACE INC164-190 ORANGE STREET XENIA, OH 45385	31-0709198	501(C)(3)	19,492				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH IMPACT AREA		501(C)(3)	42,818				PROGRAM OPERATING COSTS
HOMEFULL1133 SOUTH EDWIN C MOSES BLVD SUITE 306 DAYTON, OH 45417	31-1236989	501(C)(3)	23,547				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMES FOR OUR TROOPS6 MAIN ST TAUNTON, MA 02780	54- 2143612	501(C)(3)	7,379				PROGRAM OPERATING COSTS
HONOR FLIGHT DAYTON INC525 VICTORY ROAD SPRINGFIELD, OH 45504	27- 2186914	501(C)(3)	25,573				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE OF DAYTON INC324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501(C)(3)	253,696				PROGRAM OPERATING COSTS
HOSPICE OF MIAMI COUNTY INC1100 WAYNE STREET SUITE 3400 TROY, OH 45373	31-1031277	501(C)(3)	11,147				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE ORGANIZATION OF OHIO ORGANIZATION855 S WALL STREET COLUMBUS, OH 43206	31-0966673	501(C)(3)	6,415				PROGRAM OPERATING COSTS
HOUSE OF BREAD9 ORTH AVE DAYTON, OH 45406	31-1076425	501(C)(3)	52,846				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF GREATER DAYTON1661 NICHOLAS ROAD DAYTON, OH 45417	31-0537073	501(C)(3)	31,597				PROGRAM OPERATING COSTS
HUMANE SOCIETY OF GREENE COUNTY187 BELLBROOK AVENUE XENIA, OH 45385	23-7146805	501(C)(3)	34,038				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF THE UNITED STATES THE2100 L STREET NW WASHINGTON, DC 20037	53-0225390	501(C)(3)	5,019				PROGRAM OPERATING COSTS
INCOME IMPACT AREA		501(C)(3)	27,798				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH HOSPITALITY NETWORK OF GREENE COUNTY126 NORTH RACE STREET SPRINGFIELD,OH 45504	31-1315795	501(C)(3)	7,490				PROGRAM OPERATING COSTS
INTERFAITH HOSPITALITY NETWORK OF SPRING SPRINGFIELD14000 INTERNATIONAL RD CUMBERLAND,OH 43732	31-1113570	501(C)(3)	7,023				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FEDERATION OF GREATER DAYTON INC525 VERSAILLES DRIVE CENTERVILLE, OH 45459	31-0537488	501(C)(3)	25,116				PROGRAM OPERATING COSTS
JUVENILE DIABETES RESEARCH FOUNDATION - GREATER DAYTON CHAPTER1293-H LYONS ROAD DAYTON, OH 45458	23-1907729	501(C)(3)	11,710				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUVENILE DIABETES RESEARCH FOUNDATION - MID OHIO CHAPTER950 MICHIGAN AVENUE COLUMBUS, OH 43215	23-1907729	501(C)(3)	6,245				PROGRAM OPERATING COSTS
JUVENILE DIABETES RESEARCH FOUNDATION IN GREATER CINCINNATI CHAPTER8041 HOSBROOK ROAD SUITE 422 CINCINNATI, OH 452363830	23-1907729	501(C)(3)	5,316				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KETTERING MEDICAL CENTER FOUNDATION3535 SOUTHERN BLVD KETTERING, OH 45429	23-7419897	501(C)(3)	13,740				PROGRAM OPERATING COSTS
KETTERING SEVENTH DAY ADVENTIST CHURCH3939 STONEBRIDGE ROAD KETTERING, OH 45419		501(C)(3)	48,550				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID OF WESTERN OHIO INC 130 WEST SECOND STREET SUITE 700 DAYTON, OH 45402	34-1485732	501(C)(3)	69,520				PROGRAM OPERATING COSTS
LEUKEMIA & LYMPHOMA SOCIETY THE 1311 MAMARONECK AVENUE STE 310 WHITE PLAINS, NY 10605	13-5644916	501(C)(3)	5,388				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE ESSENTIALS INC123 RIVERSIDE DRIVE SUITE 100 DAYTON, OH 45405	31- 1324922	501(C)(3)	5,398				PROGRAM OPERATING COSTS
LUTHERAN WORLD RELIEF700 LIGHT STREET BALTIMORE, MD 21230	13- 2574963	501(C)(3)	7,968				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH FOUNDATION OF OHIO INDIANA AND KENTUCKY 2545 FARMERS DRIVE SUITE 300 COLUMBUS, OH 43235	34-1471131	501(C)(3)	18,654				PROGRAM OPERATING COSTS
MAKE-A-WISH FOUNDATION OF AMERICA100 WEST CLARENDON SUITE 2200 PHOENIX, AZ 85013	86-0481941	501(C)(3)	5,503				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEALS ON WHEELS 203 S UNION ST ALEXANDRIA, VA 22314	23- 7447812	501(C)(3)	35,050				PROGRAM OPERATING COSTS
MERCY MANOR23 - 25 GROSVENOR AVENUE DAYTON, OH 45417	31- 1317248	501(C)(3)	45,674				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI VALLEY FAMILY CARE CENTER922 W RIVERVIEWAVE DAYTON, OH 45402	31-0536645	501(C)(3)	43,458				PROGRAM OPERATING COSTS
MIAMI VALLEY HOSPITAL FOUNDATION31 WYOMING STREET DAYTON, OH 45409	31-1040231	501(C)(3)	14,565				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI VALLEY WOMEN'S CENTER 2345 W STROOP ROAD DAYTON, OH 45439	31-1068733	501(C)(3)	19,954				PROGRAM OPERATING COSTS
MIAMISBURG YOUTH CENTER 224 EAST MAPLE MIAMISBURG, OH 45342	31-0834260	501(C)(3)	15,998				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHAEL'S HOUSE1016 RAINBOW COURT FAIRBORN, OH 45324		501(C)(3)	10,000				PROGRAM OPERATING COSTS
MULTIPLE SCLEROSIS NATIONAL RESEARCH INS TORREY PINES INSTITUTE FOR MOLECUL11350 SW VILLAGE PARKWAY PORT ST LUCIE, FL 34987	33-0319501	501(C)(3)	13,611				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY733 THIRD AVENUE NEW YORK, NY 10017	13-5661935	501(C)(3)	7,014				PROGRAM OPERATING COSTS
NATIONAL MULTIPLE SCLEROSIS SOCIETY-OHIO OHIO VALLEY CHAPTER4440 LAKE FOREST DR SUITE 120 BLUE ASH, OH 45242	31-0569724	501(C)(3)	5,193				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL PUBLIC RADIO635 MASSACHUSETTS AVE NW WASHINGTON,DC 20001	52-0907625	501(C)(3)	14,151				PROGRAM OPERATING COSTS
NATIONAL RIGHT TO LIFE EDUCATIONAL TRUST NATIONAL RIGHT TO LIFE COMMITTEE E512 10TH ST NW WASHINGTON,DC 20004	52-1241126	501(C)(3)	5,455				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATURE CONSERVANCY THE 4245 N FAIRFAX DR STE 100 ARLINGTON, VA 22203	53-0242652	501(C)(3)	6,838				PROGRAM OPERATING COSTS
NEW CREATION COUNSELING CENTER INC 7695 SOUTH COUNTY ROAD 25A TIPP CITY, OH 45371	31-1409864	501(C)(3)	6,062				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARENTS FAMILIES AND FRIENDS OF LESBIANS LESBIANS & GAYS 1879 WILLOWGREEN DRIVE BEAVERCREEK, OH 45432	31-1412500	501(C)(3)	7,837				PROGRAM OPERATING COSTS
PLANNED PARENTHOOD SOUTHWEST OHIO REGION2314 AUBURN AVENUE CINCINNATI, OH 45219	31-0536688	501(C)(3)	19,874				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSTAL EMPLOYEES RELIEF FUND8 HERBERT STREET ALEXANDRIA, VA 22305	52-1666010	501(C)(3)	5,377				PROGRAM OPERATING COSTS
PREBLE COUNTY COUNCIL ON AGING800 EAST ST CLAIR ST EATON, OH 45320	31-0830453	501(C)(3)	36,313				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREBLE COUNTY LIVE UNITED 247 365		501(C)(3)	49,804				PROGRAM OPERATING COSTS
PROJECT READC/O SINCLAIR COMMUNITY COLLEGE 444 WEST THIRD STREET DAYTON, OH 45402	23- 7032312	501(C)(3)	32,856				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROTECTING OUR YOUTH1501 CHERRY STREET PHILADELPHIA, PA 19102	23-1985076	501(C)(3)	9,821				PROGRAM OPERATING COSTS
PUPPIES BEHIND BARS263 WEST 38TH STREET 4TH FLOOR NEW YORK, NY 10018	13-3969389	501(C)(3)	5,881				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAILS-TO-TRAILS CONSERVANCY 2121 WARD COURT NW 5TH FLOOR WASHINGTON, DC 20037	52-1437006	501(C)(3)	8,989				PROGRAM OPERATING COSTS
REACH OUT OF MONTGOMERY COUNTY 25 E FORAKER DAYTON, OH 45409	31-1434282	501(C)(3)	13,277				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCARE CENTERVILLE OHIO 6460 CENTERVILLE BUSINESS PARKWAY 6B CENTERVILLE, OH 45459		501(C) (3)	10,000				PROGRAM OPERATING COSTS
RIVER RUN PROJECT AT THE DOWNTOWN DAYTON PARTNERSHIP10 WEST SECOND STREET SUITE 611 DAYTON, OH 45402		501(C) (3)	10,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES MIAMI VA OF THE MIAMI VALLEY REGION INC555 VALLEY STREET DAYTON, OH 45404	31-0964793	501(C)(3)	45,240				PROGRAM OPERATING COSTS
SAMARITAN HOMELESS CLINIC 41 CATHERINE ST DAYTON, OH 45402	23-7296923	501(C)(3)	8,252				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN'S PURSEPO BOX 3000 BOONE,NC 28607	58- 1437002	501(C)(3)	25,448				PROGRAM OPERATING COSTS
SENIOR RESOURCE CONNECTION222 SALEM AVE DAYTON,OH 45406	31- 0592759	501(C)(3)	198,264				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHRINERS HOSPITALS FOR CHILDREN2900 ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	16,913				PROGRAM OPERATING COSTS
SMILE TRAIN41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010	13-3661416	501(C)(3)	7,279				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR THE IMPROVEMENT OF CONDITION FOR STRAY ANIMALS 2600 WILMINGTON PIKE KETTERING, OH 45419	23-7367199	501(C)(3)	22,406				PROGRAM OPERATING COSTS
SPECIAL OLYMPICS OHIO-GREENE COUNTY SPEC799 ST RT 380 XENIA, OH 45385	91-1875370	501(C)(3)	7,163				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OPERATIONS WARRIOR FOUNDATION4409 WEST EL PRADO BLVD TAMPA, FL 33629	52-1183585	501(C)(3)	6,243				PROGRAM OPERATING COSTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL1102 17TH AVENUE SUITE 300 NASHVILLE, TN 37212	62-0646012	501(C)(3)	77,883				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL OHIO 1335 DUBLIN ROAD SUITE 100-B COLUMBUS, OH 43215	35-1044585	501(C)(3)	10,677				PROGRAM OPERATING COSTS
ST VINCENT DE PAUL SOCIAL SERVICES INC 1133 EDWIN C MOSES BOULEVARD SUITE 300 DAYTON, OH 45417	31-1132259	501(C)(3)	157,527				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUICIDE PREVENTION CENTER INC OF DAYTOPO BOX 1393 DAYTON,OH 45401	31-0905854	501(C)(3)	13,413				PROGRAM OPERATING COSTS
SUSAN G KOMEN BREAST CANCER FOUNDATION CINCINNATI AFFILITATE522 CINCINNATI MILLS DR SUITE B-248 B-248 CINCINNATI,OH 45240	75-2855038	501(C)(3)	6,082				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION COLUMBUS AFFILIATE929 EASTWIND DRIVE SUITE 211 WESTERVILLE, OH 43081	75-2844651	501(C)(3)	8,144				PROGRAM OPERATING COSTS
SUSAN G KOMEN FOR THE CURE SUSAN G KOMEN BREAST CANCER FOUNDATIONPO BOX 650309 DALLAS, TX 75265	75-1835298	501(C)(3)	15,274				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TECUMSEH COUNCIL #439 BOY SCOUTS OF AMER COUNCIL326 SOUTH THOMPSON AVENUE SPRINGFIELD, OH 45506	31-0536966	501(C)(3)	33,398				PROGRAM OPERATING COSTS
THE CHILDREN'S MEDICAL CENTER OF DAYTONONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	42,011				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOODBANK INC427 AB WASHINGTON STREET DAYTON, OH 45402	86-1082880	501(C)(3)	215,773				PROGRAM OPERATING COSTS
THE GRANDVIEW FOUNDATION405 GRAND AVENUE DAYTON, OH 45405	31-1649591	501(C)(3)	15,173				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY CENTRAL2225 CITYGATE DR SUITE E COLUMBUS, OH 43219	13-5644916	501(C)(3)	5,833				PROGRAM OPERATING COSTS
THE SALVATION ARMY OF THE GREATER DAYTON 1000 N KEOWEE STREET DAYTON, OH 45404	13-5562351	501(C)(3)	51,504				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TENTH LIFE 3944 BARBERRY BLVD BEAVERCREEK, OH 45440	31-1127562	501(C)(3)	36,584				PROGRAM OPERATING COSTS
TIPP CITY AREA UNITED WAY INC12 SOUTH THIRD STREET TIPP CITY, OH 45371	23-7120582	501(C)(3)	20,571				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIFIED HEALTH SOLUTIONS3440 OFFICE PARK DR DAYTON, OH 45439	31-0727292	501(C)(3)	138,115				PROGRAM OPERATING COSTS
UNITED METHODIST COMMITTEE ON RELIEF475 RIVERSIDE DRIVE 330 NEW YORK, NY 10115	13-5562279	501(C)(3)	8,385				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND8260 WILLOW OAKS CORPORATE DRIVE FAIRFAX,VA 22031	13-1624241	501(C)(3)	13,495				PROGRAM OPERATING COSTS
UNITED REHABILITATION SERVICES OF GREATER DAYTON4710 OLD TROY PIKE DAYTON,OH 45424	31-0592919	501(C)(3)	135,190				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS INC (USO) WORLD HEADQUARTERS2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501(C)(3)	20,454				PROGRAM OPERATING COSTS
UNITED WAY OF BUTLER COUNTY OHIO323 NORTH THIRD STREET HAMILTON,OH 450111624	31-0734490	501(C)(3)	14,777				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CLARK CHAMPAIGN & MADISON MADISON COUNTIES120 S CENTER STREET 2ND FLOOR SPRINGFIELD, OH 45502	31-0549095	501(C)(3)	10,360				PROGRAM OPERATING COSTS
UNITED WAY OF DARKE COUNTY OHIOPO BOX 716 GREENVILLE, OH 453310716	34-6551444	501(C)(3)	5,262				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER LIMA INC616 SOUTH COLLETT STREET LIMA, OH 458053259	34-4466356	501(C)(3)	5,478				PROGRAM OPERATING COSTS
UNITED WAY OF PIQUA OHIOPO BOX 631 PIQUA, OH 45356	31-0605173	501(C)(3)	11,785				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TROY OHIO INC233 SOUTH MARKET STREET TROY, OH 453733326	31-0619209	501(C)(3)	16,476				PROGRAM OPERATING COSTS
VOICE OF THE MARTYRS THE1815 SE BISON RD BARTLESVILLE, OK 74006	73-1395057	501(C)(3)	6,741				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN COUNTY UNITED WAY645 OAK STREET LEBANON, OH 45036	23-7132362	501(C)(3)	24,356				PROGRAM OPERATING COSTS
WE CARE ARTS INC 3035 WILMINGTON PIKE KETTERING, OH 45429	31-1295721	501(C)(3)	27,709				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESLEY COMMUNITY CENTER INC3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259	501(C)(3)	78,747				PROGRAM OPERATING COSTS
WOMANLINE OF DAYTON INC301 EAST SIXTH STREET DAYTON, OH 454022838	31-0804873	501(C)(3)	16,100				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR EMERGENCY SUPPORT FUND AIR WARRIOR COURAGE FOUNDATIONP O BOX 877 SILVER SPRINGS, MD 20918	77- 0490412	501(C)(3)	7,987				PROGRAM OPERATING COSTS
WOUNDED WARRIOR PROJECT WWP INC 7020 A C SKINNER PKWY SUITE 100 JACKSONVILLE, FL 322566938	20- 2370934	501(C)(3)	19,033				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT PATTERSON AIR FORCE BASE YOUTH CE PROGRAMS 88 FSS/FSFY BLDG 2 2000 ALLBROOK DR DR WRIGHTPATTERSON AFB, OH 45433	31- 0649564	501(C)(3)	7,344				PROGRAM OPERATING COSTS
WRIGHT-PATTERSON AIR FORCE BASE EDUCATION FUNDC/O PATSY J REEVES HQ AFMCPK WRIGHTPATTERSON AFB, OH 45433	31- 1137465	501(C)(3)	12,385				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WYCLIFFE BIBLE TRANSLATORS 11221 JOHN WYCLIFFE BLVD ORLANDO, FL 32832	95-1831097	501(C)(3)	5,363				PROGRAM OPERATING COSTS
XENIA ADULT RECREATION SENIOR CENTER130 EAST CHURCH STREET XENIA, OH 45385	38-1890999	501(C)(3)	30,146				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER320 CORRY STREET YELLOW SPRINGS, OH 45387	31-6001024	501(C)(3)	5,428				PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY COUNCILPO BOX 274 YELLOW SPRINGS, OH 45387	31-0969307	501(C)(3)	18,843				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER DAYTON111 WEST FIRST STREET SUITE 207 DAYTON, OH 45402	31-0537517	501(C)(3)	113,663				PROGRAM OPERATING COSTS
YWCA DAYTON141 WEST THIRD STREET DAYTON, OH 45402	31-0537168	501(C)(3)	296,463				PROGRAM OPERATING COSTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number
31-0536658

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALLEN ELIJAH	(i)	122,783	0	0	7,808	12,411	143,002	0
	(ii)	0	0	0	0	0	0	0
(2) TERI WARWICK	(i)	104,572	0	0	4,210	5,263	114,045	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number

31-0536658

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE UNITED WAY HAS A FINANCE AND AUDIT COMMITTEE THAT MEETS MONTHLY AND IS COMPRISED OF A TREASURER, OTHER BOARD OF DIRECTOR MEMBERS, AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS THE TREASURER REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE FULL BOARD OF TRUSTEES THE FINANCE AND AUDIT COMMITTEE HAS WORKING KNOWLEDGE OF THE FINANCIAL STATEMENTS, AUDIT PROCESS, AND FINANCIAL PROCEDURES THIS COMMITTEE REVIEWS AND APPROVES THE FORM 990 AS PART OF ITS MEETINGS PRIOR TO THE FILING THE FINANCIAL STATEMENTS ARE REVIEWED WITH THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONTHLY THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE ALSO DISTRIBUTED TO THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, ORGANIZATION, AND VOLUNTEERS ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT THE POLICY STATEMENTS ARE RESIGNED ANNUALLY
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD ANNUALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND KEY EMPLOYEES AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS
	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND AUDITED FINANCIAL STATEMENT ARE PUBLISHED ON THE UNITED WAY WEBSITE AND IS ALSO AVAILABLE BY REQUEST ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE BY REQUEST TO THE PUBLIC
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -55,150 DEFINED BENEFIT PLAN ADJUSTMENT -1,100,000 TOTAL TO FORM 990, PART XI, LINE 5 -1,155,150

Additional Data

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON AREA

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 103,258 including grants of \$) (Revenue \$)
PREBLE AND GREENE COUNTY PROGRAM SERVICES