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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	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 31-0549095	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization UNITED WAY OF CLARK CHAMPAIGN & MADISON COUNTIES INC Doing Business As		E Telephone number (937) 324-5551
	Number and street (or P O box if mail is not delivered to street address) Room/suite 120 S CENTER STREET		G Gross receipts \$ 1,803,492
	City or town, state or country, and ZIP + 4 SPRINGFIELD, OH 45502		
	F Name and address of principal officer R DOUGLAS LINEBERGER 120 S CENTER STREET SPRINGFIELD, OH 45502		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.UWCCMC.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1953	M State of legal domicile OH

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE UNITED WAY OF CLARK, CHAMPAIGN AND MADISON COUNTIES IS A NON-PROFIT VOLUNTEER LED ORGANIZATION WHICH SEEKS TO IMPROVE THE HEALTH AND HUMAN SERVICE CONDITIONS IN A THREE COUNTY REGION UNITED WAY FOCUSES ON IMPROVING PEOPLE'S LIVES IN FOUR PRIMARY FOCUS AREAS HEALTH SERVICES, SELF-SUFFICIENCY, BASIC EMERGENCY SERVICES AND HEALTHY NEIGHBORHOODS LINKAGE TO LOCAL SUPPORT SERVICES IS PROVIDED BY 2-1-1, A PROGRAM OF UNITED WAY'S COMMUNITY SERVICES DIVISION AND CHILD CARE CONNECTIONS		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	11
	6 Total number of volunteers (estimate if necessary)	6	322
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,749,870	Current Year 1,618,493
	9 Program service revenue (Part VIII, line 2g)	98,103	140,901
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,226	22,101
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	129,592	6,250
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,004,791	1,787,745
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,243,201
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)		552,881	467,887
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
16b Total fundraising expenses (Part IX, column (D), line 25) <u>103,546</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		182,978	180,779
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		1,979,060	1,972,845
19 Revenue less expenses Subtract line 18 from line 12		25,731	-185,100
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,061,254	1,849,990
	21 Total liabilities (Part X, line 26)	87,679	65,833
	22 Net assets or fund balances Subtract line 21 from line 20	1,973,575	1,784,157

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

Sign Here	***** Signature of officer			2012-10-29 Date	
	R DOUGLAS LINEBERGER EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	MATTHEW SHROYER	Date 2012-10-25	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P00737986
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLARK SCHAEFER HACKETT & CO 2525 N LIMESTONE STREET SPRINGFIELD, OH 45503			EIN 31-0800053
					Phone no (937) 399-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ 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

INCREASE THE ORGANIZED CAPACITY FOR PEOPLE TO CARE FOR ONE ANOTHER

2

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

YesNo

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?

YesNo

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 \$ 1,446,654 including grants of \$ 1,324,179) (Revenue \$)

ALLOCATIONS - UNITED WAY PROVIDES FINANCIAL SUPPORT TO OVER 80 SOCIAL SERVICE PROGRAMS IN CLARK, CHAMPAIGN & MADISON COUNTIES. PROGRAMS ARE REQUIRED TO REPORT ON GOAL AND OUTCOME ACHIEVEMENT ANNUALLY TO VOLUNTEER-LED COMMITTEES

4b

(Code) (Expenses \$ 298,729 including grants of \$) (Revenue \$ 147,388)

I & R SERVICES - UNITED WAY STAFF PROVIDE A FULL SERVICE 2-1-1 CALL CENTER, LINKING PEOPLE TO LOCAL RESOURCES INCLUDING CHILD CARE, EMERGENCY SERVICES, SUMMER RECREATIONAL OPPORTUNITIES, MENTAL HEALTH SERVICES, ETC. THE 2-1-1 CALL CENTER RECEIVES APPROXIMATELY 22,000 CALLS PER YEAR

4c

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

THE VOLUNTEER CENTER - THIS DIVISION LINKS THOSE INDIVIDUALS SEEKING VOLUNTEER OPPORTUNITIES WITH LOCAL NON-PROFIT AND/OR GOVERNMENTAL ORGANIZATION. THE VOLUNTEER RECEPTION CENTER, FORMED IN 2007 IS RESPONSIBLE FOR THE COORDINATION AND TRAINING OF COMMUNITY VOLUNTEERS TO ASSIST IN TIME OF LOCAL EMERGENCY

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

\$ 1,745,383

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> 	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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>		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>		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>		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> 		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> 		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> 		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> 		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> 	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> 	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> 		No
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> 		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> 		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 		No
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> 	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> 	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> 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	Yes	
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>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		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		

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 ☐		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	150
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	11
2b	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)	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	
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)?	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? . . .	No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	
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?	No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	
7	Organizations that may receive deductible contributions under section 170(c).	
7a	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?	No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No
7d	If "Yes," indicate the number of Forms 8282 filed during the year	
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	
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?	
9	Sponsoring organizations maintaining donor advised funds.	
9a	Did the organization make any taxable distributions under section 4966?	
9b	Did the organization make a distribution to a donor, donor advisor, or related person?	
10	Section 501(c)(7) organizations. Enter	
10a	Initiation fees and capital contributions included on Part VIII, line 12	
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11	Section 501(c)(12) organizations. Enter	
11a	Gross income from members or shareholders	
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
13a	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	
13b	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	
13c	Enter the aggregate amount of reserves on hand	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	

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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	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?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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. ☐ Own website ☐ Another's website ☒ 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. LAURIE SPORS 120 S CENTER ST SPRINGFIELD, OH 45502 (937) 324-5551

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) TERRY POPE BOARD MEMBER	80	X						0	0	0
(2) THOM GOODFELLOW BOARD MEMBER	80	X						0	0	0
(3) MARILYN DEMMA BOARD MEMBER	80	X						0	0	0
(4) JENNIFER ROUSCULP BOARD MEMBER	80	X						0	0	0
(5) PETER FOREMAN BOARD MEMBER	80	X						0	0	0
(6) DR JIM GAY BOARD MEMBER	80	X						0	0	0
(7) PAUL KAVANAUGH BOARD MEMBER	80	X						0	0	0
(8) MATT LUTHER PRESIDENT	80	X		X				0	0	0
(9) RICH ROUGH BOARD MEMBER	80	X						0	0	0
(10) JOHN MINYO BOARD MEMBER	80	X						0	0	0
(11) CHARLES PATTERSON TREASURER/SECRETARY	80	X		X				0	0	0
(12) SHEILA RICE BOARD MEMBER	80	X						0	0	0
(13) VICKI ROWE BOARD MEMBER	80	X						0	0	0
(14) JOE JACKSON VICE PRESIDENT	80	X		X				0	0	0
(15) SUSAN YOUNG BOARD MEMBER	80	X						0	0	0
(16) TIM SUTER BOARD MEMBER	80	X						0	0	0
(17) CHIP SPINNING BOARD MEMBER	80	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) GORDON HENDERSON BOARD MEMBER	80	X						0	0	0
(19) JASON BARLOW BOARD MEMBER	80	X						0	0	0
(20) SHELIA HIDDLESON BOARD MEMBER	80	X						0	0	0
(21) BRIAN NICOL BOARD MEMBER	80	X						0	0	0
(22) MIKE MCDORMAN BOARD MEMBER	80	X						0	0	0
(23) R DOUGLAS LINEBERGER EXECUTIVE DIRECTOR	35 00			X				81,389	0	28,092
(24) LAURIE SPORS CHIEF FINANCIAL OFFICER	40 00			X				47,886	0	16,943
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								129,275	0	45,035

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▶0

		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	1,618,493				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			1,618,493			
Program Service Revenue			Business Code					
	2a	ADMINISTRATIVE SERVICE	900099	82,997	82,997			
	b	INFORMATION & REFERRAL	900099	57,904	57,904			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			140,901			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		19,778			19,778	
	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				
		2,323						
		0						
		2,323						
	d	Net gain or (loss)		2,323			2,323	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a	15,510					
		b	Less direct expenses	15,747				
	c	Net income or (loss) from fundraising events . .		-237			-237	
	9a	Gross income from gaming activities See Part IV, line 19						
a								
b		Less direct expenses						
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	SERVICE FEES	900099	6,487	6,487				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			6,487				
12	Total revenue. See Instructions			1,787,745	147,388	0	21,864	

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	1,324,179	1,324,179		
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	183,608	62,665	78,490	42,453
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	211,805	175,278	7,048	29,479
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	44,673	39,896		4,777
10	Payroll taxes	27,801	17,552	5,403	4,846
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,951		1,951	
c	Accounting	7,500	6,691	809	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	8,416	6,419	1,997	
12	Advertising and promotion	150			150
13	Office expenses	61,689	51,555	5,343	4,791
14	Information technology	10,721	8,040	2,681	
15	Royalties				
16	Occupancy	25,000	15,784	4,858	4,358
17	Travel	3,226	2,039	626	561
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,622	4,185	2,437	
20	Interest				
21	Payments to affiliates	17,633	11,144	6,489	
22	Depreciation, depletion, and amortization	7,730	5,334	974	1,422
23	Insurance	5,373	3,392	1,044	937
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	MISCELLANEOUS	10,792	3,824	1,489	5,479
b	EQUIPMENT	10,149	4,987	1,535	3,627
c	DUES & SUBSCRIPTIONS	3,827	2,419	742	666
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,972,845	1,745,383	123,916	103,546
26	Joint costs. Check here ☐ 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			2,121	1	7,044
	2	Savings and temporary cash investments			1,147,629	2	1,023,377
	3	Pledges and grants receivable, net			604,817	3	642,189
	4	Accounts receivable, net			90,080	4	10,801
	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			8,010	9	3,830
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	104,260	24,597	10c	21,367
	b	Less: accumulated depreciation	10b	82,893			
	11	Investments—publicly traded securities			120,115	11	119,365
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			63,885	15	22,017
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,061,254	16	1,849,990
Liabilities	17	Accounts payable and accrued expenses			73,100	17	55,504
	18	Grants payable			14,579	18	10,329
	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				25	
	26	Total liabilities. Add lines 17 through 25			87,679	26	65,833
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,267,082	27	1,106,003
	28	Temporarily restricted net assets			667,679	28	639,340
	29	Permanently restricted net assets			38,814	29	38,814
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,973,575	33	1,784,157
	34	Total liabilities and net assets/fund balances			2,061,254	34	1,849,990

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	1,787,745
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,972,845
3	Revenue less expenses Subtract line 2 from line 1	3	-185,100
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,973,575
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,318
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,784,157

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 ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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
UNITED WAY OF CLARK CHAMPAIGN &
MADISON COUNTIES INC

Employer identification number

31-0549095

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.")	1,501,590	1,055,337	1,714,763	1,847,909	1,676,397	7,795,996
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	1,501,590	1,055,337	1,714,763	1,847,909	1,676,397	7,795,996
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						7,795,996

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	1,501,590	1,055,337	1,714,763	1,847,909	1,676,397	7,795,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,227	34,164	29,773	25,679	19,778	158,621
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)						7,954,617
12 Gross receipts from related activities, etc (See instructions)					12	582,359
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	98 010 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 700 %
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)

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

Department of the Treasury
Internal Revenue Service

Name of the organization UNITED WAY OF CLARK CHAMPAIGN & MADISON COUNTIES INC	Employer identification number 31-0549095
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
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

► \$

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	116,183	96,372	95,068	126,381
b	Contributions				
c	Investment earnings or losses	-649	19,811	11,865	-26,910
d	Grants or scholarships				
e	Other expenditures for facilities and programs	5,259		9,704	3,504
f	Administrative expenses	910		857	899
g	End of year balance	109,365	116,183	96,372	95,068

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
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		1,000	107	893
d Equipment		103,260	82,786	20,474
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				21,367

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,787,745
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,972,845
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-185,100
4	Net unrealized gains (losses) on investments	4	-4,318
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-4,318
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-189,418

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	1,327,795
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-4,318
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-4,318
3	Subtract line 2e from line 1	3	1,332,113
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	455,632
c	Add lines 4a and 4b	4c	455,632
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,787,745

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,517,213
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,517,213
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	455,632
c	Add lines 4a and 4b	4c	455,632
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,972,845

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNITED WAY OF CLARK, CHAMPAIGN AND MADISON COUNTIES, INC. IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE AGENCY'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THE AGENCY FOLLOWS THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THOSE PROVISIONS CLARIFY THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE AGENCY'S ANNUAL REPORTING RETURNS. THE AGENCY'S REPORTING RETURNS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE AGENCY'S OPEN AUDIT PERIODS ARE 2008 THROUGH 2010. THE AGENCY DID NOT HAVE NET TAXABLE INCOME FROM UNRELATED BUSINESS ACTIVITIES IN 2011 AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES.
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 455,632
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 455,632

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
UNITED WAY OF CLARK CHAMPAIGN &
MADISON COUNTIES INC

Employer identification number

31-0549095

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

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

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>GOLF SCRAMBLE</u> (event type)	 (event type)	<u>2</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	10,535	4,975	15,510
	2	Less Charitable contributions			
	3	Gross income (line 1 minus line 2)	10,535	4,975	15,510
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	1,513	450	1,963
	6	Rent/facility costs	4,487	750	5,237
	7	Food and beverages	1,637	3,225	4,862
	8	Entertainment			
	9	Other direct expenses	2,875	810	3,685
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			(15,747)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			-237

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a

The organization's facility

13a

b

An outside facility

13b

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c

If "Yes," enter name and address

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF CLARK CHAMPAIGN &
MADISON COUNTIES INC

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

31-0549095

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 ▶

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PROGRAMS ARE REQUIRED TO REPORT ON GOAL AND OUTCOME ACHIEVEMENT ANNUALLY TO VOLUNTEER-LED COMMITTEES

Software ID:
Software Version:
EIN: 31-0549095
Name: UNITED WAY OF CLARK CHAMPAIGN &
MADISON COUNTIES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MERCY HEALTH PARTNERSPO BOX 1380 SPRINGFIELD,OH 45501	31-0785684	501(C)(3)	73,307				THE PROGRAMS EXIST TO ASSURE THAT PERSONS WHO HAVE LIMITED RESOURCES RECEIVE PRESCRIPTION MEDICATIONS, CHILDREN RECEIVE IMMUNIZATIONS AND THOSE FACING END OF LIFE ISSUES DO SO WITH DIGNITY
ELDERLY UNITED OF SPRINGFIELD & CLARK COUNTY OHIO INC101 S FOUNTAIN AVE SPRINGFIELD,OH 45502	31-0747271	501(C)(3)	53,775				MULTI-PURPOSE SENIOR CENTER PROVIDING HEALTH, NUTRITION, SOCIAL SERVICES AND SOCIALIZATION TO PERSONS AGED 60 AND OLDER IN CLARK COUNTY

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
WELLSPRING15 EAST PLEASANT ST SPRINGFIELD, OH 45506	31- 0577663	501(C)(3)	103,500				PROVIDES MENTAL HEALTH COUNSELING AND COMMUNITY SUPPORT TO CLARK AND CHAMPAIGN COUNTIES
GIRL SCOUTS OF WESTERN OHIO450 SHOUP MILL RD DAYTON, OH 45415	31- 0679091	501(C)(3)	11,564				GIRL SCOUTING BUILDS GIRLS OF COURAGE, CONFIDENCE, AND CHARACTER, WHO MAKE THE WORLD A BETTER PLACE

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 SPRINGFIELD501 W HIGH ST SPRINGFIELD, OH 45506	31-1315795	501(C)(3)	105,200				A SHELTER FOR HOMELESS FAMILIES AND WOMEN WHERE ALL HUMAN NEEDS AND INTENSIVE CASE MANAGEMENT DIRECTED AT EQUIPPING THEM WITH TOOLS FOR SUCCESS ARE PROVIDED
MCKINLEY HALL 1101 E HIGH ST SPRINGFIELD, OH 45506	31-1171731	501(C)(3)	21,800				PROMOTES STABLE HEALTHY FAMILIES BY PROVIDING COPING SKILLS TO CHILDREN WHO ARE BEING RAISED BY PARENTS WHO ARE DRUG ADDICTED

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
MENTAL HEALTH SERVICES1345 N FOUNTAIN BLVD SPRINGFIELD, OH 45504	31-0787073	501(C)(3)	20,600				PROVIDES EDUCATION AND TRAINING TO PARENT TO REDUCE THE INCIDENCE OF CHILD ABUSE AND NEGLECT TARGETS ELEMENTARY STUDENTS WHO DISPLAY INAPPROPRIATE BEHAVIOR BY HELPING THEM DEVELOP IMPROVED SOCIAL AND PROBLEM SOLVING SKILLS
OESTERLEN SERVICES FOR YOUTH INC1918 MECHANICSBURG RD SPRINGFIELD, OH 45503	31-0536998	501(C)(3)	21,900				MENTAL HEALTH AND SOCIAL SERVICES AGENCY SERVING CHILDREN AND FAMILIES THROUGH INDIVIDUAL, GROUP, AND FAMILY COUNSELING, RESIDENTIAL TREATMENT, FOSTER CARE NETWORK, AND OTHER PROGRAMS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT WOMEN OF SPRINGFIELD AND CLARK COUNTY1316 EAST HIGH ST SPRINGFIELD, OH 45505	23-7391095	501(C)(3)	47,698				OUR AGENCY PROVIDES SHELTER, CRISIS INTERVENTION, COUNSELING, ADVOCACY, CASE MANAGEMENT, AND HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, DATING VIOLENCE, STALKING OR ELDER ABUSE
ROCKING HORSE HEALTH CENTER 651 S LIMESTONE ST SPRINGFIELD, OH 45505	31-1593544	501(C)(3)	94,125				A PEDIATRIC MEDICAL HOME PROVIDING ACUTE AND PREVENTIVE CARE TO 10,000 UNDERPRIVILEGED CHILDREN WITH MEDICAL, BEHAVIORAL, AND MENTAL HEALTH NEEDS REGARDLESS OF ABILITY TO PAY

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
SALVATION ARMY SPRINGFIELD CORPS15 S PLUM ST SPRINGFIELD, OH 45506	31- 0540163	501(C)(3)	81,350				PROVIDING A WIDE RANGE OF EMERGENCY AND NON-EMERGENCY ASSISTANCE IN ADDITION TO DAILY PROGRAMS FOR YOUTH, ADULTS AND SPECIALIZED PROGRAMMING FOR INDIVIDUALS WITH DISABILITIES
SPRINGFIELD FAMILY YMCA300 S LIMESTONE ST SPRINGFIELD, OH 45505	31- 0537169	501(C)(3)	32,600				THE YMCA PROVIDES MULTI-PURPOSE PROGRAMS THAT BUILD STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES REGARDLESS OF INCOME

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 TRAIL PARKS & RECREATION1301 MITCHELL BLVD SPRINGFIELD, OH 45503	31-6000056	501(C)(3)	24,000				NTPR DEVELOPS & MANAGES RECREATION FACILITIES, EQUIPMENT & PROGRAMS FOR SPRINGFIELD AND LOCATIONS IN CLARK COUNTY
AMERICAN RED CROSS MAD RIVER CHAPTER312 PATRICK AVE URBANA, OH 43078	34-6400043	501(C)(3)	6,000				WE PROVIDE VITAL RELIEF IN DISASTER PROVIDING EMERGENCY SHELTER, MEALS, BASIC NECESSITIES AND PREPAREDNESS EDUCATION TRAINED YOUTH SUPPORT DISASTER RELIEF, MILITARY AID AND HEALTH FAIRS

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
CANCER ASSOCIATION OF CHAMPAIGN COUNTY17 LAUREL BEND URBANA, OH 43078	34-1339007	501(C)(3)	26,850				ASSIST LOCAL RESIDENTS DIAGNOSED WITH CANCER WE PURCHASE CANCER RELATED PRESCRIPTIONS, WIGS, PROSTHESES, GASOLINE, AND OTHER EXPENSES RELATED TO THE TREATMENT OF THEIR CANCER
CARING KITCHEN INC300 MIAMI ST URBANA, OH 43078	31-1173950	501(C)(3)	31,550				PROVIDES FOOD AND EMERGENCY SHELTER WITH 24-HOUR SUPERVISION FOR UP TO 22 HOMELESS PEOPLE IN A DORMITORY STYLE ACCOMMODATIONS FOR 30-45 DAYS

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
CHAMPAIGN FAMILY YMCA191 COMMUNITY DR URBANA, OH 43078	31-1506457	501(C)(3)	8,435				THE YMCA BUILDS STRONG KIDS, STRONG FAMILIES, AND STRONG COMMUNITIES PROGRAMS INCLUDE DAYCARE, BEFORE/AFTER CARE, HEALTH ENHANCEMENT, AQUATICS, AND YOUTH AND FAMILY SPORTS
CONSOLIDATED CARE INC1521 N DETROIT ST WEST LIBERTY, OH 43357	34-1089594	501(C)(3)	11,548				CONSOLIDATED CARE INC PROVIDES COMPREHENSIVE MENTAL HEALTH, ALCOHOL AND DRUG OUTPATIENT TREATMENT AND OUTREACH/PREVENTION SERVICES TO ADULTS, YOUTH AND THEIR FAMILIES

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
CHAMPAIGN COUNTY LITERACY COUNCIL1512 S US RT 68 SUITE K100 URBANA, OH 43078	31-1512403	501(C)(3)	7,750				THE PURPOSE OF THE PROGRAM IS TO RAISE THE LITERACY LEVEL OF ADULT LEARNERS IN CHAMPAIGN COUNTY WHO READ BELOW 6TH GRADE LEVEL
THE URBANA CHAMPAIGN COUNTY SENIOR CITIZEN'S CENTER 701 S WALNUT ST URBANA, OH 43078	34-1100872	501(C)(3)	14,800				PROVIDING RECREATION, HEALTH AND NUTRITION SERVICES TO THE RETIRED SENIOR AND ADULT POPULATION OF URBANA AND RURAL AREAS OF CHAMPAIGN COUNTY

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 FRIEND'S HOUSEPO BOX 673 LONDON, OH 43140	31-1398620	501(C)(3)	6,000				THE PURPOSE OF THIS PROGRAM IS TO ADVOCATE AND PROVIDE SHELTER AND CRISIS SERVICES TO VICTIMS OF DOMESTIC VIOLENCE
AMERICAN RED CROSS21 W FIFTH ST LONDON, OH 43140	31-0642918	501(C)(3)	16,000				THE PURPOSE OF THIS PROGRAM IS TO EDUCATE INDIVIDUALS ABOUT DISASTER PREPAREDNESS AND TO ADDRESS THE IMMEDIATE NEEDS OF DISASTER VICTIMS

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BOY SCOUTS OF AMERICA SIMON KENTON COUNCIL 1901 E DUBLIN-GRANVILLE RD COLUMBUS, OH 43229	31-4388520	501(C)(3)	11,000				THE PURPOSE OF SCOUTING IS TO TEACH YOUNG PEOPLE THE VALUE OF GOOD CHARACTER, LEADERSHIP, SELF-RELIANCE AND ACHIEVING PERSONAL GOALS
COMMUNITY ACTION ORGANIZATION13 E FIRST ST LONDON, OH 43140	31-0718183	501(C)(3)	7,500				THE PURPOSE OF THIS PROGRAM IS TO PROVIDE ONE-TIME YEARLY EMERGENCY AID TO LOW INCOME RESIDENTS FOR RENT AND UTILITY ASSISTANCE

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GIRL SCOUTS OF OHIO HEARTLAND COUNCIL1700 WATERMARK DR COLUMBUS,OH 43215	31-4379475	501(C)(3)	7,500				THIS PROGRAM FACILITATES LEADERSHIP DEVELOPMENT, DECISION MAKING, RESPECT FOR PEERS AND PROBLEM SOLVING IN YOUNG PEOPLE
HELP HOUSE122 E CENTER ST LONDON,OH 43140	31-1400942	501(C)(3)	27,375				THE PURPOSE IS TO PROVIDE RENT ASSISTANCE AND EMERGENCY FOOD TO CLIENTS IN POVERTY

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LIFECARE ALLIANCE1699 WEST MOUND ST COLUMBUS, OH 43223	31-4379494	501(C)(3)	35,000				HEALTH AND NUTRITION SERVICES FOR SENIORS, CHRONICALLY ILL/DISABLED INDIVIDUALS MEALS-ON-WHEELS, HELP-AT-HOME, VISITING NURSES, WELLNESS CENTERS, COLUMBUS CANCER CLINIC, AND PROJECT OPENLAND
LOVING CARE HOSPICE56 S OAK ST LONDON, OH 43140	31-1370625	501(C)(3)	12,000				THE PURPOSE OF THIS PROGRAM IS TO HELP PARTICIPANTS THROUGH THE STAGES OF GRIEF SO THEY CAN REENGAGE IN THEIR DAILY ACTIVITIES

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MADISON COUNTY HEALTH DISTRICT306 LAFAYETTE ST SUITE B LONDON, OH 43140	31-6400075	501(C)(3)	10,945				THE PURPOSE OF THIS PROGRAM IS TO INCREASE IMMUNIZATION RATES AND TO IMPROVE ACCESS TO VACCINES
MADISON COUNTY HEALTH PARTNERS FREE CLINIC210 N MAIN ST LONDON, OH 43140	20-2375865	501(C)(3)	27,185				THIS PROGRAM HELPS MEET THE BASIC HEALTH NEEDS OF THE UNDER-INSURED AND TO PROVIDE ACCESS TO PRESCRIPTION MEDICATION

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AMERICAN CANCER SOCIETY 2808 READING ROAD CINCINNATI, OH 45206	34- 0726080	501(C)(3)	39,840				PROVIDES SUPPORT AND ASSISTANCE TO PATIENTS, FAMILIES AND CAREGIVERS AFTER THE DIAGNOSIS OF CANCER
BIG BROTHERS BIG SISTERS625 BURT STREET SPRINGFIELD, OH 45505	31- 0955969	501(C)(3)	21,900				FOSTERS A MENTORING RELATIONSHIP FOR BOTH ADULT MENTOR AND YOUTH, MODELING APPROPRIATE BEHAVIOR AND DEVELOPING POSITIVE DEVELOPMENT ASSETS

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BOY SCOUTS OF AMERICA TECUMSEH COUNCIL 439326 S THOMPSON AVE SPRINGFIELD, OH 45506	31-0536966	501(C)(3)	38,948				PROVIDES COMPREHENSIVE YOUTH DEVELOPMENT PROGRAM FOR BOYS SIX THROUGH TWENTY AND YOUNG WOMEN AGE FOURTEEN THROUGH TWENTY INCLUDES CUB SCOUTS, BOY SCOUTS, VENTURING AND EXPLORING
CATHOLIC CHARITIES OF SOUTHWESTERN OHIO 701 E COLUMBIA STREET SPRINGFIELD, OH 45503	31-0536968	501(C)(3)	107,250				"OUR SERVICES ARE FOR EVERYONE" COMPREHENSIVE SOCIAL SERVICE AGENCY, ADOPTION, EMERGENCY ASSISTANCE, COUNSELING, THERAPY GROUPS, SECOND HARVEST FOODBANK AND BENEFIT BANK ARE PROVIDED

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CLARK COUNTY CHAPTER AMERICAN RED CROSS 1830 NORTH LIMESTONE STREET SPRINGFIELD, OH 45503	31-0577662	501(C)(3)	101,500				THE CLARK COUNTY CHAPTER PROVIDES DISASTER RELIEF SERVICES, ARMED FORCES EMERGENCY SERVICES, HEALTH AND SAFETY TRAINING AND HOMELESS PREVENTION SERVICES TO INDIVIDUALS IN NEED
CLARK COUNTY LITERACY COALITION 137 EAST HIGH STREET SPRINGFIELD, OH 45502	31-1266695	501(C)(3)	18,450				SERVES THE PEOPLE OF CLARK COUNTY WHO WISH TO IMPROVE BASIC READING AND WRITING SKILLS, OBTAIN A GENERAL EDUCATION DEVELOPMENT DIPLOMA AND/OR LEARN ENGLISH

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PROMISE NEIGHBORHOOD SPRINGFIELD FOUNDATION4 WEST MAIN STREET SPRINGFIELD,OH 45502	31-6030764	501(C)(3)	10,000				THE PROJECT FOCUSES ON CHILDREN AND DOING WHATEVER IT TAKES TO HELP THEM BE ACADEMICALLY SUCCESSFUL
CITY OF LONDON PARKS & RECREATION6 E SECOND STREET LONDON,OH 43140	31-6400667	501(C)(3)	10,000				DEVELOPS AND MANAGES RECREATION FACILITIES, EQUIPMENT AND PROGRAMS FOR LONDON AND LOCAITONS IN MADISON COUNTY

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
UNITED WAY OF CLARK CHAMPAIGN &
MADISON COUNTIES INC**Employer identification number**

31-0549095

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 DRAFT IS REVIEWED BY THE EXECUTIVE DIRECTOR, CFO AND FINANCE COMMITTEE
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE ASKED TO COMPLETE A CONFLICT OF INTEREST STATEMENT AT THE FIRST REGULAR MEETING OF THE YEAR DURING THE YEAR, MEMBERS ARE ASKED TO ABSTAIN FROM VOTING ON MOTIONS INVOLVING ORGANIZATIONS WITH POTENTIAL CONFLICTS ALL ABSTENTIONS ARE RECORDED IN THE MINUTES
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR AND ANY RECOMMENDATIONS PRESENTED FOR COMPENSATION ARE APPROVED BY THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABLE ON SITE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,318