



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

## Return of Organization Exempt From Income Tax

2011

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization  
United Way of Greater Lorain County Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1875 North Ridge RoadCity or town, state or country, and ZIP + 4  
Lorain, OH 44055F Name and address of principal officer  
William P Harper  
1875 North Ridge Road Suite H  
Lorain, OH 44055D Employer identification number  
34-1011104E Telephone number  
(440) 277-6530

G Gross receipts \$ 2,998,847

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No  
If "No," attach a list (see instructions)

H(c) Group exemption number ►

J Website: ► www.uwloraincounty.org

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1967

M State of legal domicile OH

## Part I Summary

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

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

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .

3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .

4 17

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .

5 12

6 Total number of volunteers (estimate if necessary) . . . . .

6 719

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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h) . . . . .	2,670,067	2,902,318
9	Program service revenue (Part VIII, line 2g) . . . . .	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	62,532	57,792
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	49,485	38,737
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,782,084	2,998,847

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h) . . . . .	2,670,067	2,902,318
9	Program service revenue (Part VIII, line 2g) . . . . .	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	62,532	57,792
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	49,485	38,737
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,782,084	2,998,847
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	1,929,679	1,926,838
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) . . . . .	421,571	447,761
16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ► 200,378		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	346,199	322,785
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	2,697,449	2,697,384
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	84,635	301,463

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16) . . . . .	3,533,675	3,711,061
21	Total liabilities (Part X, line 26) . . . . .	2,065,462	1,959,478
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,468,213	1,751,583

## Part II Signature Block

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

Sign Here	***** Signature of officer	2012-10-15
	DIANNE C BREHM FINANCE DIRECTOR Type or print name and title	Date

Paid Preparer's Use Only	Preparer's signature ALANE L BOFFA	Date	Check if self- employed ►	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 COHEN & COMPANY LTD OFFICES LISTED AT WWWCOHENCPACOM, OH 44115	EIN ►	Phone no ►	(800) 229-1099

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

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

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the 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 \$ 2,160,841 including grants of \$ 1,926,838 ) (Revenue \$ )

COMMUNITY IMPACT FUNDS PROGRAMS IN THE FOLLOWING AREAS STRENGTHENING FAMILIES, NURTURING CHILDREN AND YOUTH, AND CARING FOR BASIC NEEDS. GOAL IS TO ENHANCE THE QUALITY OF LIFE FOR INDIVIDUAL FAMILIES. THIS IMPACT AREA OFFERS A RANGE OF PROGRAMS WHICH SUPPORT FAMILIES AS WELL AS NURTURERS, CARETAKERS, AND INSTRUCTORS. THESE PROGRAMS ASSIST FAMILIES AND FAMILY MEMBERS IN FUNCTIONING AT THE HIGHEST DEGREE POSSIBLE. THE GOAL FOR NURTURING CHILDREN AND YOUTH IS TO ENSURE THAT EVERY CHILD IS PROVIDED A HEALTHY, NURTURING, AND SAFE LEARNING ENVIRONMENT TO LIVE, LEARN AND GROW. FUNDED PROGRAMS PROVIDE ASSISTANCE IN DEVELOPING ASSETS AND PROTECTIVE FACTORS WHICH ARE PROVEN TO REDUCE RISK FACTORS IN A CHILD'S OR YOUTH'S LIFE. THE GOAL FOR CARING FOR BASIC NEEDS IS TO PROVIDE PEOPLE LIVING IN LORAIN COUNTY WITH TOOLS TO MEET THEIR BASIC NEEDS FOR SAFETY, NUTRITION, SAFE AND AFFORDABLE SHELTER, CRISIS INTERVENTION AND OTHER SITUATIONS REQUIRING EMERGENCY ASSISTANCE - 58,619 PEOPLE SERVED

**4b** (Code ) (Expenses \$ 87,017 including grants of \$ 87,017 ) (Revenue \$ )

INFORMATION AND REFERRAL - REFER PEOPLE TO SERVICES AND VOLUNTEER OPPORTUNITIES AT LOCAL AGENCIES THROUGH UNITED WAY'S FIRST CALL FOR HELP, A CONFIDENTIAL, FREE INFORMATION AND REFERRAL SERVICE - 10,799 PEOPLE SERVED

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

FINANCIAL STABILITY - UNITED WAY OF GREATER LORAIN COUNTY COLLABORATED WITH THE EARNED INCOME TAX CREDIT (EITC) COALITION IN PROMOTING FINANCIAL STABILITY. THE COALITION OFFERED FREE TAX PREPARATION TO QUALIFIED FILERS DURING THE TAX SEASON. INDIVIDUALS WHO CAME TO HAVE THEIR TAXES PREPARED (4,817) RESULTED IN TOTAL ESTIMATED SAVINGS OF \$955,399 IN TAX RETURN PREPARATION FEES, AND RECEIVED TOTAL NET REFUND OF \$4,448,233. THOSE WHO QUALIFIED RECEIVED \$999,605 FROM THE EARNED INCOME TAX CREDIT

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 2,247,858

**Part IV Checklist of Required Schedules**

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

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

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

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

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

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

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

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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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

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

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

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

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e		No
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	No	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	No	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	No	
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	No	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35a	No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b	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)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	12
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	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>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12a	
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> 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	
<b>b</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	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</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

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 17

b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 17

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.)

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** No

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**

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** Yes

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** Yes

b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** 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 . . . . . **13** Yes

13 Did the organization have a written whistleblower policy? . . . . . **14** Yes

14 Did the organization have a written document retention and destruction policy? . . . . . **15** 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

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

DIANNE BREHM  
1875 NORTH RIDGE ROAD EAST SUITE H  
LORAIN, OH 44055  
(440) 277-6530

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee	Employer Reported Highest Compensated			
(1) WENDY HOLLIDAY SECRETARY	1 0	X		X				0	0	0
(2) REBECCA GRUNICK BOARD MEMBER	1 0	X						0	0	0
(3) JAMES BACKS BOARD MEMBER	1 0	X						0	0	0
(4) EDWARD BAKER TREASURER	1 0	X		X				0	0	0
(5) DOUG BLOOMFIELD BOARD MEMBER	1 0	X						0	0	0
(6) KAREN COOK BOARD MEMBER	1 0	X						0	0	0
(7) JAMES DOWDELL BOARD MEMBER	1 0	X						0	0	0
(8) EDWIN GARCIA BOARD MEMBER	1 0	X						0	0	0
(9) SANDRA HODGE PRESIDENT	1 0	X		X				0	0	0
(10) JENNIFER KENNEDY BOARD MEMBER	1 0	X						0	0	0
(11) GREGORY W KULOW BOARD MEMBER	1 0	X						0	0	0
(12) CHERYL MCKENNA BOARD MEMBER	1 0	X						0	0	0
(13) THOMAS HOOVER BOARD MEMBER	1 0	X						0	0	0
(14) AMY SZMANIA VICE PRESIDENT	1 0	X		X				0	0	0
(15) CYNTHIA TOMASCH BOARD MEMBER	1 0	X						0	0	0
(16) KEITH BROWN BOARD MEMBER	1 0	X						0	0	0
(17) AMIE RICHASON BOARD MEMBER	1 0	X						0	0	0

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

## **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: <b>0</b>		

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514																																																							
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>																																																										
	<b>b</b> Membership dues . . . . .	<b>1b</b>																																																										
	<b>c</b> Fundraising events . . . . .	<b>1c</b>																																																										
	<b>d</b> Related organizations . . . . .	<b>1d</b>	195,497																																																									
	<b>e</b> Government grants (contributions)	<b>1e</b>																																																										
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,706,821																																																									
	<b>g</b> Noncash contributions included in lines 1a-1f \$																																																											
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		2,902,318																																																									
<b>Program Service Revenue</b>	<b>Business Code</b>																																																											
			<b>2a</b>																																																									
			<b>b</b>																																																									
			<b>c</b>																																																									
			<b>d</b>																																																									
			<b>e</b>																																																									
			<b>f</b> All other program service revenue																																																									
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		0																																																									
<b>Other Revenue</b>	<table border="1"> <tr> <td colspan="2">3 Investment income (including dividends, interest and other similar amounts) . . . . .</td> </tr> <tr> <td colspan="2">4 Income from investment of tax-exempt bond proceeds . . . . .</td> </tr> <tr> <td colspan="2">5 Royalties . . . . .</td> </tr> <tr> <td colspan="2">6a Gross rents</td> </tr> <tr> <td><b>b</b> Less rental expenses</td> <td>(I) Real</td> </tr> <tr> <td><b>c</b> Rental income or (loss)</td> <td>(II) Personal</td> </tr> <tr> <td><b>d</b> Net rental income or (loss) . . . . .</td> <td></td> </tr> <tr> <td colspan="2">7a Gross amount from sales of assets other than inventory</td> </tr> <tr> <td><b>b</b> Less cost or other basis and sales expenses</td> <td>(I) Securities</td> </tr> <tr> <td><b>c</b> Gain or (loss)</td> <td>(II) Other</td> </tr> <tr> <td><b>d</b> Net gain or (loss) . . . . .</td> <td></td> </tr> <tr> <td><b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .</td> <td></td> </tr> <tr> <td><b>b</b> Less direct expenses . . . . .</td> <td><b>a</b></td> </tr> <tr> <td><b>c</b> Net income or (loss) from fundraising events . . . . .</td> <td></td> </tr> <tr> <td><b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .</td> <td></td> </tr> <tr> <td><b>b</b> Less direct expenses . . . . .</td> <td><b>a</b></td> </tr> <tr> <td><b>c</b> Net income or (loss) from gaming activities . . . . .</td> <td></td> </tr> <tr> <td><b>10a</b> Gross sales of inventory, less returns and allowances . . . . .</td> <td></td> </tr> <tr> <td><b>b</b> Less cost of goods sold . . . . .</td> <td><b>a</b></td> </tr> <tr> <td><b>c</b> Net income or (loss) from sales of inventory . . . . .</td> <td></td> </tr> <tr> <td colspan="2">Miscellaneous Revenue</td> </tr> <tr> <td colspan="2"><b>11a MISCELLANEOUS INCOME</b></td> </tr> <tr> <td><b>b</b> ADMINISTRATION FEE INCOME</td> <td></td> </tr> <tr> <td><b>c</b></td> <td></td> </tr> <tr> <td><b>d</b> All other revenue . . . . .</td> <td></td> </tr> <tr> <td><b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .</td> <td>38,737</td> </tr> <tr> <td><b>12</b> <b>Total revenue.</b> See Instructions . . . . .</td> <td></td> <td>2,998,847</td> <td>38,737</td> <td></td> <td>57,792</td> </tr> </table>		3 Investment income (including dividends, interest and other similar amounts) . . . . .		4 Income from investment of tax-exempt bond proceeds . . . . .		5 Royalties . . . . .		6a Gross rents		<b>b</b> Less rental expenses	(I) Real	<b>c</b> Rental income or (loss)	(II) Personal	<b>d</b> Net rental income or (loss) . . . . .		7a Gross amount from sales of assets other than inventory		<b>b</b> Less cost or other basis and sales expenses	(I) Securities	<b>c</b> Gain or (loss)	(II) Other	<b>d</b> Net gain or (loss) . . . . .		<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>b</b> Less direct expenses . . . . .	<b>a</b>	<b>c</b> Net income or (loss) from fundraising events . . . . .		<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .		<b>b</b> Less direct expenses . . . . .	<b>a</b>	<b>c</b> Net income or (loss) from gaming activities . . . . .		<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		<b>b</b> Less cost of goods sold . . . . .	<b>a</b>	<b>c</b> Net income or (loss) from sales of inventory . . . . .		Miscellaneous Revenue		<b>11a MISCELLANEOUS INCOME</b>		<b>b</b> ADMINISTRATION FEE INCOME		<b>c</b>		<b>d</b> All other revenue . . . . .		<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	38,737	<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		2,998,847	38,737		57,792
			3 Investment income (including dividends, interest and other similar amounts) . . . . .																																																									
			4 Income from investment of tax-exempt bond proceeds . . . . .																																																									
			5 Royalties . . . . .																																																									
			6a Gross rents																																																									
			<b>b</b> Less rental expenses	(I) Real																																																								
			<b>c</b> Rental income or (loss)	(II) Personal																																																								
			<b>d</b> Net rental income or (loss) . . . . .																																																									
			7a Gross amount from sales of assets other than inventory																																																									
			<b>b</b> Less cost or other basis and sales expenses	(I) Securities																																																								
			<b>c</b> Gain or (loss)	(II) Other																																																								
			<b>d</b> Net gain or (loss) . . . . .																																																									
			<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .																																																									
	<b>b</b> Less direct expenses . . . . .	<b>a</b>																																																										
<b>c</b> Net income or (loss) from fundraising events . . . . .																																																												
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .																																																												
<b>b</b> Less direct expenses . . . . .	<b>a</b>																																																											
<b>c</b> Net income or (loss) from gaming activities . . . . .																																																												
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .																																																												
<b>b</b> Less cost of goods sold . . . . .	<b>a</b>																																																											
<b>c</b> Net income or (loss) from sales of inventory . . . . .																																																												
Miscellaneous Revenue																																																												
<b>11a MISCELLANEOUS INCOME</b>																																																												
<b>b</b> ADMINISTRATION FEE INCOME																																																												
<b>c</b>																																																												
<b>d</b> All other revenue . . . . .																																																												
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .	38,737																																																											
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		2,998,847	38,737		57,792																																																							

  |  |  |

**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	1,926,838	1,926,838		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	151,747	50,877	57,712	43,158
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages	211,432	70,888	80,410	60,134
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	12,255	4,105	4,657	3,493
9 Other employee benefits . . . . .	44,044	14,755	16,737	12,552
10 Payroll taxes . . . . .	28,283	9,475	10,747	8,061
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	12,475	3,828	4,922	3,725
d Lobbying . . . . .	0			
e Professional fundraising See Part IV, line 17 . . . . .	0			
f Investment management fees . . . . .	15,021	0	15,021	0
g Other . . . . .	5,476	1,680	2,161	1,635
12 Advertising and promotion . . . . .	23,550	13,797	57	9,696
13 Office expenses . . . . .	25,638	9,538	8,958	7,142
14 Information technology . . . . .	0			
15 Royalties . . . . .	0			
16 Occupancy . . . . .	41,805	16,847	14,262	10,696
17 Travel . . . . .	8,505	3,375	2,423	2,707
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	12,414	4,927	3,536	3,951
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	31,946	10,702	12,140	9,104
22 Depreciation, depletion, and amortization . . . . .	10,248	3,433	3,894	2,921
23 Insurance . . . . .	4,672	1,565	1,776	1,331
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a CONTRACT SERVICES	76,800	76,000	0	800
b EQUIPMENT MAINTENANCE & RENTAL	25,677	8,290	9,718	7,669
c CAMPAIGN EXPENSES	28,558	16,938	17	11,603
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,697,384	2,247,858	249,148	200,378
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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	73,416	<b>1</b> 121,593
	2 Savings and temporary cash investments . . . . .	215,545	<b>2</b> 10,710
	3 Pledges and grants receivable, net . . . . .	987,973	<b>3</b> 1,047,769
	4 Accounts receivable, net . . . . .	2,900	<b>4</b> 7,979
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b> 0
	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 . . . . .	0	<b>6</b> 0
	7 Notes and loans receivable, net . . . . .	0	<b>7</b> 0
	8 Inventories for sale or use . . . . .	0	<b>8</b> 0
	9 Prepaid expenses and deferred charges . . . . .	7,151	<b>9</b> 4,296
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	153,699
	b Less accumulated depreciation . . . . .	10b	137,567
	11 Investments—publicly traded securities . . . . .	2,194,484	<b>11</b> 2,478,088
	12 Investments—other securities See Part IV, line 11 . . . . .	20,332	<b>12</b> 19,962
	13 Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b> 0
	14 Intangible assets . . . . .	0	<b>14</b> 0
	15 Other assets See Part IV, line 11 . . . . .	5,494	<b>15</b> 4,532
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,533,675	<b>16</b> 3,711,061
Liabilities	17 Accounts payable and accrued expenses . . . . .	518,223	<b>17</b> 465,750
	18 Grants payable . . . . .	1,547,239	<b>18</b> 1,471,978
	19 Deferred revenue . . . . .	0	<b>19</b> 21,750
	20 Tax-exempt bond liabilities . . . . .	0	<b>20</b> 0
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	<b>21</b> 0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b> 0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b> 0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b> 0
	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	<b>25</b> 0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,065,462	<b>26</b> 1,959,478
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	1,028,224	<b>27</b> 1,137,229
	28 Temporarily restricted net assets . . . . .	419,657	<b>28</b> 594,392
	29 Permanently restricted net assets . . . . .	20,332	<b>29</b> 19,962
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	1,468,213	<b>33</b> 1,751,583
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	3,533,675	<b>34</b> 3,711,061

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,998,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,697,384
3	Revenue less expenses Subtract line 2 from line 1	3	301,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,468,213
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-18,093
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	1,751,583

**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?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/> Yes	
2c 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	<input type="checkbox"/>	
2d 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?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<input type="checkbox"/>	

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury

Internal Revenue Service

Name of the organization

United Way of Greater Lorain County Inc

Employer identification number

34-1011104

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

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

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

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

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

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

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

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

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

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

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

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

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

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

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

**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")	2,818,281	2,734,557	2,544,250	2,670,067	2,902,318	13,669,473
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 <b>Total.</b> Add lines 1 through 3	2,818,281	2,734,557	2,544,250	2,670,067	2,902,318	13,669,473
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 <b>Public Support.</b> Subtract line 5 from line 4						13,669,473

**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	2,818,281	2,734,557	2,544,250	2,670,067	2,902,318	13,669,473
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	108,498	70,028	63,955	58,639	58,692	359,812
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	0	0	37,139	49,485	38,737	125,361
11 <b>Total support</b> (Add lines 7 through 10)						14,154,646
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	96 572 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 504 %
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b <b>33 1/3% support test—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 		
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions 		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I 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 <b>Total.</b> 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 <b>Public Support</b> (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 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )						
14 <b>First Five Years</b> 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 <b>stop here</b>						

**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 <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> 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**

---

---

---

---

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-1011104

**Name:** United Way of Greater Lorain County Inc

### Form 990, Special Condition Description:

Special Condition Description
-------------------------------

2011

Open to Public  
Inspection**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.

**Name of the organization**

United Way of Greater Lorain County Inc

**Employer identification number**

34-1011104

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	20,332	17,721	15,622	15,622	
b Contributions . . . . .					
c Investment earnings or losses . . . . .	-370	2,611	2,099		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	19,962	20,332	17,721	15,622	

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

a Board designated or quasi-endowment ►  
 b Permanent endowment ► 100 000 %  
 c Term endowment ►

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

	Yes	No
3a(i) unrelated organizations . . . . .	Yes	
3a(ii) related organizations . . . . .		No
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .		

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

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

	Description of 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 . . . . .			27,679	27,248	431
d Equipment . . . . .			100,750	85,049	15,701
e Other . . . . .			25,270	25,270	0
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					16,132

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 15.) ►	

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

(a) Description of Liability	(b) Amount	
Federal Income Taxes	0	
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	0	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,998,847
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,697,384
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	301,463
4	Net unrealized gains (losses) on investments	4	-18,093
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	-18,093
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	283,370

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	2,533,870
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-18,093
b	Donated services and use of facilities . . . . .	2b	23,164
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	5,071
3	Subtract line 2e from line 1 . . . . .	3	2,528,799
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,021
b	Other (Describe in Part XIV) . . . . .	4b	455,027
c	Add lines 4a and 4b . . . . .	4c	470,048
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,998,847

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

1	Total expenses and losses per audited financial statements . . . . .	1	2,250,500
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	23,164
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	23,164
3	Subtract line 2e from line 1 . . . . .	3	2,227,336
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	15,021
b	Other (Describe in Part XIV) . . . . .	4b	455,027
c	Add lines 4a and 4b . . . . .	4c	470,048
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,697,384

**Part XIV Supplemental Information**

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

Identifier	Return Reference	Explanation
OTHER CHANGES TO REVENUE	SCHEDULE D, PART XII, LINE 4B	DESIGNATED CONTRIBUTIONS WHICH ARE NOT SHOWN AS REVENUE ON FINANCIAL STATEMENTS \$455,027
OTHER CHANGES TO EXPENSES	SCHEDULE D, PART XIII, LINE 4B	GRANTS OF DESIGNATED CONTRIBUTIONS WHICH WERE NOT SHOWN AS EXPENSES ON THE FINANCIAL STATEMENTS \$455,027
ENDOWMENT FUND USES	SCHEDULE D - PART V - QUESTION 4	THE ORGANIZATION INCLUDES THE EARNINGS FROM THE ENDOWMENT FUND IN THEIR GENERAL FUNDS TO BE ALLOCATED TO VARIOUS ORGANIZATIONS
FIN 48 (ASC 740) FOOTNOTE	SCHEDULE D - PART X - QUESTION 2	The Organization recognizes and discloses uncertain tax positions in accordance with GAAP. As of and during the years ended June 30, 2012 and 2011, the Organization does not have a liability for unrecognized tax benefits. The Organization is no longer subject to examination by federal and state taxing authorities prior to 2008

**Schedule I  
(Form 990)**

## **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

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
United Way of Greater Lorain County Inc.

**Employer identification number**

## 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.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data 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
MONITORING USE OF GRANT FUNDS	SCHEDULE I - PART 1 - QUESTION 2	The United Way of Greater Lorain County grants funds to local partner agencies that provide high quality human services to residents. We strive for meaningful and measurable impact in the three areas of community identified needs - nurturing children and youth, strengthening families and meeting basic needs. The United Way believes that a non-profit has to be well-managed and effectively governed to meet community needs and change community conditions. Any organization that received donor funds participates in a multi-phase evaluation process that includes a review of the Agency's governance, operational and financial practices, a comprehensive program review, and an on-site presentation and facilities analysis. After assuring an agency's health, the volunteers focus their evaluation on the program's proposed use of funds and the outcomes and results of all provided services. Agencies that receive funding must also show compliance with the provisions of the patriot act and verification of current status as an IRS Code section 501(c)(3) non-profit organization.

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS LORAIN COUNTY CHAPTER 2929 WEST RIVER ROAD ELYRIA, OH 44035	34-0900019	501(C)(3)	154,135				DISASTER RELIEF, EMERGENCY ASSISTANCE, EDUCATION & TRAINING
ARTHRITIS FOUNDATION OF LORAIN COUNTY PO BOX 68 AVON LAKE, OH 44012	34-6544884	501(C)(3)	18,159				CHRONIC DISEASE CONTROL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF LORAIN COUNTY 1917 NORTH RIDGE ROAD EAST SUITE LORAIN, OH 44055	34-1809153	501(C)(3)	32,968				COMMUNITY BASED & SCHOOL BASED MENTORING
BLESSING HOUSE ASSOCIATION 5440 GROVE AVENUE LORAIN, OH 44055	30-0130029	501(C)(3)	33,446				CHILDREN CRISIS CARE

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
BOYS & GIRLS CLUBS OF LORAIN COUNTY PO BOX 516 OBERLIN, OH 44074	34-1856214	501(C)(3)	107,425				CORE YOUTH PROGRAMS
CATHOLIC CHARITIES COMMUNITY SERVICES 628 POPLAR STREET ELYRIA, OH 44035	34-1318541	501(C)(3)	13,527				DAY SHELTER & HOT MEALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S DEVELOPMENTAL CENTER 150 ERIE COURT AMHERST, OH 44001	34-0789758	501(C)(3)	125,509				OUTPATIENT REHABILITATION
COMM SERVICES FOR THE DEAF & HARD OF HEARING 11635 EUCLID AVENUE CLEVELAND, OH 44106	34-0714648	501(C)(3)	29,082				COMMUNITY SERVICES

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
COMMON GROUND CENTER 14240 BAIRD ROAD OBERLIN, OH 44074	34-1838503	501(C)(3)	15,163				YOUTH DEVELOPMENT
EL CENTRO DE SERVICIOS SOCIALES INC 1888 EAST 31ST STREET LORAIN, OH 44055	34-1165756	501(C)(3)	109,385				EMPLOYMENT SERVICES, PAYEE MANAGEMENT, INFORMATION & ADVOCACY, SENIOR CENTER, VILLENCE PREVENTION, YOUTH LEADARSHIP

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
FAITH HOUSE 3250 WEST MARKET STREET 204 FAIRLAWN, OH 44333	34- 1938397	501(C)(3)	50,168				TRANSITIONAL HOUSING
FAMILY PLANNING SERVICES 602 LEONA STREET ELYRIA, OH 44035	34- 1042711	501(C)(3)	83,215				CLINICAL SERVIES & HEALTH EDUCATION PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF NE OHIO - WEST REGION NONE GIRL SCOUT WAY MACEDONIA, OH 44056	34-0726094	501(C)(3)	40,321				SCOUTING - LORAIN COUNTY
LINKING EMPLOYMENT ABILITIES POTENTIAL 1468 WEST 25TH STREET CLEVELAND, OH 44113	34-1369608	501(C)(3)	37,102				INDEPENDENT LIVING PROGRAM AND COMMUNITY EMPLOYMENT

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICE 2115 WEST PARK DRIVE LORAIN, OH 44053	34- 1341788	501(C)(3)	53,905				WOMEN WITH CHILDREN TREATMENT PROGRAM
LORAIN COUNTY LABOR AGENCY 1936 COOPER FOSTER PARK ROAD LORAIN, OH 44053	23- 7387509	501(C)(3)	9,201				BENEFITS & TAX ASSISTANCE PROGRAM

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LORAIN COUNTY OFFICE ON AGING 226 MIDDLE AVENUE ELYRIA, OH 44035	34- 1136543	501(C)(3)	51,968				PROGRAM FOR SENIORS
LORAIN COUNTY SAFE HARBORGENESIS HOUSEPO BOX 718 LORAIN, OH 44052	34- 1774211	501(C)(3)	59,888				BATTERED WOMEN'S SHELTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LORAIN COUNTY URBAN LEAGUE 401 BROAD STREET SUITE B ELYRIA, OH 44035	34-1263379	501(C)(3)	100,430				FAIR HOUSING AND EMPLOYMENT PROGRAMS
LUCY IDOL CENTER FOR THE HANDICAPPED PO BOX 162 VERMILION, OH 44089	34-0893458	501(C)(3)	62,416				REHABILITATION & MOBILITY

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORD CENTER 6140 SOUTH BROADWAY LORAIN, OH 44053	34- 0949459	501(C)(3)	90,354				HOUSING SERVICES & KIDZ FIRST
OBERLIN EARLY CHILDHOOD317 EAST COLLEGE STREET OBERLIN, OH 44074	23- 7313925	501(C)(3)	30,155				CHILDCARE ASSISTANCE

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
SAVE OUR CHILDREN 1621 MIDDLE AVENUE ELYRIA, OH 44035	31-1547340	501(C)(3)	11,465				AFTER SCHOOL AND YOUTH PROGRAMS
SECOND HARVEST FOOD BANK OF NORTH CENTRAL OHIO 7445 DEER TRAIL LANE LORAIN, OH 44053	34-1446685	501(C)(3)	113,363				FOOD BANK

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
THE ARC OF CHESTER COUNTY 900 LAWRENCE DRIVE WEST CHESTER, PA 19380	23-1604737	501(C)(3)	5,363				COMMUNITY SERVICES
UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C)(3)	5,953				COMMUNITY SERVICES

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOCATIONAL GUIDANCE SERVICES 359 LOWELL STREET ELYRIA, OH 44035	34- 0714650	501(C)(3)	21,072				EMPLOYMENT SERVICES
YWCA OF ELYRIA 318 WEST AVENUE ELYRIA, OH 44035	34- 0718418	501(C)(3)	29,672				TRANSITIONAL HOUSING

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

<b>(a) Name and address of organization or government</b>	<b>(b) EIN</b>	<b>(c) IRC Code section if applicable</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of non-cash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of non-cash assistance</b>	<b>(h) Purpose of grant or assistance</b>
FAMILY PROMISE OF GREATER CLEVELAND 3470 EAST 152ND STREET CLEVELAND, OH 44120	34-1598710	501(C)(3)	7,341				EMERGENCY HOUSING
THE LINDEN SCHOOL 424 EARL COURT ELYRIA, OH 44035	34-1597874	501(C)(3)	22,838				EARLY CHILDHOOD EDUCATION AND CARE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LORAIN COUNTY VOLUNTEER GUARDIANSHIP PROGRAM 5201 ABBE ROAD ELYRIA, OH 44035	34-1899498	501(C)(3)	18,315				GUARDIANSHIP PROGRAM
LEGAL AID SOCIETY OF CLEVELAND 1223 WEST SIXTH STREET CLEVELAND, OH 44113	34-0866026	501(C)(3)	23,062				PROVIDE LEGAL ASSISTANCE TO LOW INCOME PEOPLE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD ALLIANCE 457 GRISWOLD ROAD ELYRIA, OH 44035	34-0714471	501(C)(3)	174,020				ADDRESS A PERSON'S BASIC NEEDS
CATHOLIC CHARITIES FAMILY CENTER OF LORAIN 203 8TH STREET LORAIN, OH 44052	34-1908590	501(C)(3)	46,362				DAY SHELTER AND MEALS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC CHARITIES SERVICES OF PARMA 6753 STATE ROAD PARMA, OH 44134	34-1318541	501(C)(3)	17,393				COMMUNITY SERVICES
MERCY FOUNDATION OF LORAIN COUNTY 3700 KOLBE ROAD LORAIN, OH 44053	34-0936851	501(C)(3)	7,755				COMMUNITY SERVICES

**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.

**2011****Open to Public  
Inspection**Name of the organization  
United Way of Greater Lorain County Inc**Employer identification number**

34-1011104

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	FORM 990 PART VI - SECTION B - QUESTION 11B	THE AUDIT COMMITTEE REVIEWS IN DETAIL THE FORM 990 AND APPROVES THE FORM TO BE FILED WITH THE IRS. THE COMPLETED FORM 990, IN ITS ENTIRETY, IS GIVEN TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS HAS AN OPPORTUNITY TO ASK ANY QUESTIONS. THE FORM 990 IS THEN APPROVED BY THE ENTIRE BOARD OF DIRECTORS
CONFLICT OF INTEREST POLICY	FORM 990 PART VI - SECTION B - QUESTION 12C	AN ANNUAL QUESTIONNAIRE IS SENT TO ALL OFFICERS, DIRECTORS AND EMPLOYEES. IF A TRANSACTION ARISES, IN WHICH AN INDIVIDUAL HAS A CONFLICT, THE PERSON IS EXCUSED FROM THE DISCUSSION AND VOTE BY DISINTERESTED COMMITTEE MEMBERS. TAKES PLACE. THE DIRECTORS AND/OR COMMITTEE MEMBERS BASE THEIR DECISION ON ALL THE FACT AND CIRCUMSTANCES PRESENTED AND CONSIDER WHETHER THE TRANSACTION IS IN THE BEST INTEREST OF THE CORPORATION. PROPER RECORDS OF THE BOARD, COMMITTEE, OR SUBCOMMITTEE ARE MAINTAINED TO VERIFY THAT THE CONFLICT OF INTEREST POLICY HAS BEEN FOLLOWED
COMPENSATION REVIEW PROCESS	FORM 990 PART VI - SECTION B - QUESTION 15	A compensation study was performed using an outside independent company. Each position was studied with comparable data showing a range of salaries for each position. Budget with salary information is then approved by the finance committee
AVAILABILITY OF GOVERNING DOCUMENTS	FORM 990 PART VI - SECTION C - QUESTION 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION'S MOST RECENTLY COMPLETED FINANCIAL STATEMENT AND IRS FORM 990 ARE POSTED ON THE PUBLIC WEBSITE, WWW.UWLORAINCOUNTY.ORG. IN ADDITION, THE ORGANIZATION PRINTS AND DISTRIBUTES TO THE COMMUNITY AN ANNUAL REPORT WHICH CONTAINS ACCOMPLISHMENTS AND SUMMARIZED FINANCIAL STATEMENTS
RECONCILIATION OF NET ASSETS	FORM 990 PART XI - LINE 5	UNREALIZED GAIN/LOSS ON INVESTMENTS - (\$18,093)