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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2012</div> <div>Open to Public Inspection</div> </div>

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF WAYNE & HOLMES CO		D Employer identification number 34-0946973
	Doing Business As		E Telephone number (330) 264-5576
	Number and street (or P O box if mail is not delivered to street address) 215 S WALNUT STREET	Room/suite	
	City or town, state or country, and ZIP + 4 WOOSTER, OH 44691		G Gross receipts \$ 1,599,673
	F Name and address of principal officer		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ► UWWAYNEHOLMES.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ►	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION STATEMENT, "UNITING PEOPLE AND RESOURCES IN A COMMUNITY-WIDE EFFORT TO IMPROVE LIVES," DESCRIBES OUR TRUE FOCUS WE ZERO-IN ON THE ISSUES, THE STRATEGIES AND THE ACTIONS NEEDED TO IMPROVE LIVES AND CREATE LASTING CHANGE IN OUR COMMUNITIES BEYOND TRYING TO MAKE SURE THAT PEOPLE IN CRISIS HAVE ACCESS TO BASIC EMERGENCY NEEDS, UNITED WAY WORKS TO ASSESS COMMUNITY NEEDS IN THE IMPACT AREAS OF EDUCATION, FAMILY AND FINANCIAL STABILITY, AND HEALTH THESE ARE THE BUILDING BLOCKS FOR A STRONG COMMUNITY-QUALITY EDUCATION FOR CHILDREN, SELF-SUFFICIENT FAMILIES, AND ACCESS TO PRIMARY HEALTH CARE THE WORK BEING ACCOMPLISHED IS MUCH MORE COMPLEX THAN OUR PREVIOUS WORK THIS COMPREHENSIVE APPROACH MEANS THE DIFFERENCE BETWEEN DEVELOPING MORE HOMELESS SHELTERS OR FOOD BANKS TO SERVE OUR MOST VULNERABLE POPULATIONS VERSUS, DEVELOPING A WAY TO ADDRESS THE ROOT CAUSES WHICH IMPACT PEOPLES' ABILITY TO MAINTAIN A ROOF OVER THEIR HEAD AND FOOD ON THEIR TABLE, AND BECOME SELF-SUFFICIENT THIS		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	180
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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,351,830	1,524,180
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,313	4,190
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-2,005	45,083
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,529	24,359
		1,376,667	1,597,812
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,070,051	1,094,815
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	260,267	226,132
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>125,857</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	205,624	186,633
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,535,942	1,507,580
	19 Revenue less expenses Subtract line 18 from line 12	-159,275	90,232
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,357,858	2,468,484
	21 Total liabilities (Part X, line 26)	1,087,282	1,107,676
	22 Net assets or fund balances Subtract line 21 from line 20	1,270,576	1,360,808

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	*****	2013-05-31
	Signature of officer	Date
	BRENDA LINNICK, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CATHY G ROCHE	Preparer's signature	Date 2013-06-24	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► DYER HUGHES ROCHE INC			Firm's EIN ►	
	Firm's address ► PO BOX 696 WOOSTER, OH 44691			Phone no (330) 262-0061	

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

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

OUR MISSION STATEMENT, "UNITING PEOPLE AND RESOURCES IN A COMMUNITY-WIDE EFFORT TO IMPROVE LIVES," DESCRIBES OUR TRUE FOCUS WE ZERO-IN ON THE ISSUES, THE STRATEGIES AND THE ACTIONS NEEDED TO IMPROVE LIVES AND CREATE LASTING CHANGE IN OUR COMMUNITIES BEYOND TRYING TO MAKE SURE THAT PEOPLE IN CRISIS HAVE ACCESS TO BASIC EMERGENCY NEEDS, UNITED WAY WORKS TO ASSESS COMMUNITY NEEDS IN THE IMPACT AREAS OF EDUCATION, FAMILY AND FINANCIAL STABILITY, AND HEALTH THESE ARE THE BUILDING BLOCKS FOR A STRONG COMMUNITY-QUALITY EDUCATION FOR CHILDREN, SELF-SUFFICIENT FAMILIES, AND ACCESS TO PRIMARY HEALTH CARE THE WORK BEING ACCOMPLISHED IS MUCH MORE COMPLEX THAN OUR PREVIOUS WORK THIS COMPREHENSIVE APPROACH MEANS THE DIFFERENCE BETWEEN DEVELOPING MORE HOMELESS SHELTERS OR FOOD BANKS TO SERVE OUR MOST VULNERABLE POPULATIONS VERSUS, DEVELOPING A WAY TO ADDRESS THE ROOT CAUSES WHICH IMPACT PEOPLES' ABILITY TO MAINTAIN A ROOF OVER THEIR HEAD AND FOOD ON THEIR TABLE, AND BECOME SELF-SUFFICIENT THIS

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 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 \$ 450,989 including grants of \$) (Revenue \$)

FAMILY AND FINANCIAL STABILITY -ABLE/FAMILIES LEARNING TOGETHER ONE-OF-A-KIND EARLY CHILD AND PARENT TOGETHER TIME EDUCATIONAL OPPORTUNITY WHERE BOTH PARENTS AND CHILDREN INCREASE THEIR LITERACY AND THEIR OVERALL EDUCATIONAL ACHIEVEMENT LEVELS -CATHOLIC CHARITIES OUTPATIENT COUNSELING PRIMARILY TO CHILDREN AND PARENTS TO HELP THEM COPE WITH SOCIAL AND PERSONAL PROBLEMS THAT AFFECT THEIR DAILY LIVES -PARENTS AND CHILDREN COOPERATING TOGETHER WORKS WITH CHILDREN AND PARENTS TO PREVENT OUT OF HOME PLACEMENT OR FURTHER INVOLVEMENT WITH THE JUVENILE COURT -COUNSELING CENTER OF WAYNE AND HOLMES COUNTIES COUNSELING SERVICES -PARENT PROJECT PROVIDES PARENT TRAINING AND SUPPORT PROGRAM FOR PARENTS OF STRONG-WILLED, DEFIANT OR OUT-OF-CONTROL TEENAGERS -MENTAL HEALTH COUNSELING USING A SLIDING FEE PROGRAM AND OFFERING SERVICES AT WOOSTER AND RITTMAN OFFICE -GOODWILL INDUSTRIES ORGANIZATIONAL EMPLOYMENT PROVIDES EMPLOYMENT OF INDIVIDUALS WITH SEVERE DISABILITIES AS WELL AS WORK EXPERIENCE POSITIONS FOR LOW INCOME INDIVIDUALS ON PUBLIC ASSISTANCE USING JOB COACH WHO SUPERVISES AND TRAINS THEM -GREENLEAF FAMILY CENTER COMMUNITY SERVICES FOR THE DEAF STRIVES TO ELIMINATE COMMUNICATION BARRIERS BETWEEN THE DEAF AND HEARING WORLDS AND TO ASSIST PERSONS WHO ARE DEAF/HARD OF HEARING TO ACCESS NEEDED COMMUNITY RESOURCES -UNITED WAY'S 2-1-1 CONNECTS PEOPLE AND THE RESOURCES AVAILABLE TO THEM TO MEET THEIR HEALTH AND HUMAN SERVICE NEEDS -LIBERTY CENTER CONNECTIONS HOUSING-PROVIDES TRANSITIONAL HOUSING, RENTAL ASSISTANCE, INTENSIVE BUDGET REVIEW, HOME INSPECTIONS, HOUSEHOLD MANAGEMENT SERVICES, AND FINANCIAL MANAGEMENT COURSES

4b

(Code) (Expenses \$ 267,057 including grants of \$) (Revenue \$)

PROMOTING HEALTH -AMERICAN RED CROSS HEALTH AND SAFETY SERVICES PROVIDES COMMUNITY SAFETY AND HEALTH EDUCATION PROGRAMS -PLANNED PARENTHOOD OF NORTH CENTRAL OHIO REPRODUCTIVE & PREVENTATIVE HEALTH CARE PROVIDES PREVENTATIVE AND REPRODUCTIVE HEALTH SCREENING SERVICES FOR ANYONE REGARDLESS OF THEIR ABILITY TO PAY -STEPS AT LIBERTY CENTER SUBSTANCE ABUSE TREATMENT PROGRAM PROVIDES SERVICES INCLUDING DIAGNOSTIC ASSESSMENTS, INDIVIDUAL AND GROUP COUNSELING, INTENSIVE OUTPATIENT AND RESIDENTIAL TREATMENT, CRISIS INTERVENTION, FAMILY THERAPY AND RECOVERY SUPPORT SERVICES TO INDIVIDUALS EXHIBITING SYMPTOMS OF ALCOHOL OR OTHER DRUG ABUSE/ADDICTION -VIOLA STARTZMAN FREE CLINIC HEALTHCARE FOR THE UNINSURED PROVIDES ROUTINE, COMPREHENSIVE AND FOCUSED HEALTH CARE TO RESIDENTS OF WAYNE COUNTY WHO WOULD OTHERWISE BE UNABLE TO RECEIVE HEALTH CARE DUE TO THE INABILITY TO PAY

4c

(Code) (Expenses \$ 279,725 including grants of \$) (Revenue \$)

EDUCATION -AMERICAN RED CROSS YOUTH SERVICES PROVIDES COMMUNITY HEALTH AND SAFETY EDUCATIONAL PROGRAMS ON FIRST AID, BASIC AID TRAINING, BABYSITTING, HIV/AIDS PREVENTION, AND THE LEARN TO SWIM PROGRAM DESIGNED FOR CHILDREN -BIG BROTHERS/BIG SISTERS-COMMUNITY-BASED PROGRAM MATCHES VULNERABLE YOUTH WITHIN HOLMES AND WAYNE COUNTIES WITH AN EDUCATED AND TRAINED VOLUNTEER WHO ASSISTS THE CHILD IN BECOMING A CONFIDENT, CARING AND COMPETENT ADULT -EVERY WOMAN'S HOUSE CHILDREN WITNESSING VIOLENCE PROVIDES SPECIALIZED COUNSELING TO CHILDREN WHO HAVE DIRECTLY OR INDIRECTLY BEEN AFFECTED BY DOMESTIC VIOLENCE AND/OR SEXUAL ASSAULT -LEARN 'N PLAY AND WEE CARE CHILDCARE PROVIDES AFFORDABLE, CONVENIENT, HIGH QUALITY CHILDCARE FOR CHILDREN OF WORKING PARENTS USING A SLIDING FEE SCHEDULE -ORRVILLE AREA BOYS & GIRLS CLUB PROVIDES PROGRAMS WHICH ACCOMPLISH THE FOLLOWING -CULTIVATES SOCIAL SKILLS, LEADERSHIP SKILLS, AND HELP MEMBERS TO LEARN TO WORK IN SMALL AND LARGE GROUPS -REINFORCES THE EDUCATIONAL PROCESS ALONG WITH THE SCHOOLS -WORKS WITH YOUTH AND THEIR ATTITUDES AND CURRENT STATE AS IT RELATES TO ALCOHOL, TOBACCO, DRUGS, PEER PRESSURE AND PREMATURE SEXUAL ACTIVITY -WORKS ON BASIC PHYSICAL HEALTH ISSUES USING A SERIES OF EXERCISES AND EVENTS -PROVIDE A LOW-COST AFTER SCHOOL AND SUMMER CHILDCARE PROGRAM FOR WORKING PARENTS -PROMOTES CREATIVITY AND TEACHES ARTISTIC TECHNIQUES -SALVATION ARMY FAMILY LIFE CENTER-YOUTH CENTER PROVIDES LOW-INCOME, HIGH-RISK YOUNG ADULTS WITH PROGRAMS WHICH UTILIZE RECREATIONAL/EDUCATIONAL ACTIVITIES, FAMILY INVOLVEMENT, COUNSELING, TUTORING AND EMPOWERING CLASSES -WOOSTER CITY SCHOOLS AFTER SCHOOL PROGRAM-PROVIDES CURRICULUM-BASED PROGRAMMING AND TUTORING FOCUSED ON INCREASING ACADEMIC PERFORMANCE ADDITIONALLY THE PROGRAM WORKS ON LIFE SKILLS, COMMUNITY SERVICE AND OPPORTUNITIES FOR EXERCISE AND RECREATION TO ACADEMICALLY AT-RISK STUDENTS -YMCA OF WOOSTER THE SPOT OFFERS ELEMENTARY SCHOOL AGE CHILDREN A SAFE, SUPPORTIVE AND FUN PLACE TO SPEND THEIR LEISURE TIME THROUGH BOTH RECREATIONAL AND EDUCATIONAL PROGRAMS -KNIGHTS FIELD PROVIDES A FREE DAY CAMP WHERE ELEMENTARY AGE YOUTH CAN BUILD SELF-ESTEEM, LEARN SPORTS, AND POSITIVE SOCIAL INTERACTION WITH PEERS AND ADULTS

(Code) (Expenses \$ 274,418 including grants of \$) (Revenue \$)

VARIOUS OTHER PURPOSE ACHIEVEMENTS TOWARDS UNITED WAY'S MISSION INCLUDING CORE EMERGENCY SERVICES SUCH AS -AMERICAN RED CROSS ARMED FORCES EMERGENCY ASSISTANCE PROVIDES WORLDWIDE EMERGENCY COMMUNICATIONS BETWEEN ACTIVE DUTY MEMBERS AND VETERANS OF THE ARMED FORCES AND THEIR FAMILIES -EMERGENCY DISASTER RELIEF SERVICES PROVIDES IMMEDIATE AND APPROPRIATE EMERGENCY ASSISTANCE TO VICTIMS OF MAN-MADE AND NATURAL DISASTERS -COMMUNITY LEGAL AID CIVIL LEGAL SERVICES-HELPS LOW-INCOME RESIDENTS OF WAYNE COUNTY WHO HAVE NO OTHER MEANS OF OBTAINING CIVIL LEGAL ASSISTANCE -EVERY WOMAN'S HOUSE CRISIS SHELTER PROGRAM-OFFERS SAFETY AND SUPPORT FOR THOSE WHO HAVE EXPERIENCED FAMILY VIOLENCE/SEXUAL ASSAULT AND WHO ARE IN IMMEDIATE NEED OF SAFE HOUSING -PEOPLE TO PEOPLE MINISTRIES EMERGENCY ASSISTANCE-PROVIDES PEOPLE WITH BASIC NEEDS SUCH AS FOOD FROM THE FOOD PANTRY, HOUSEHOLD AND CLOTHING ITEMS, AND FINANCIAL ASSISTANCE FOR THE FOLLOWING NEEDS SHELTER, UTILITY DISCONNECTS, EMERGENCY TRANSPORTATION AND BASIC HEALTHCARE -SALVATION ARMY-RITTMAN RITTMAN EMERGENCY ASSISTANCE-PROVIDES EMERGENCY FINANCIAL ASSISTANCE FOR UTILITIES, PRESCRIPTION ASSISTANCE, RENT, AND OTHER BASIC NEEDS -SALVATION ARMY-WOOSTER CORPS 24-HOUR OPEN DOOR EMERGENCY SHELTER-PROVIDES TEMPORARY SHELTER FOR HOMELESS POPULATION AND FAMILIES IN CRISIS WHILE THEY SEEK A PERMANENT SOLUTION TO THEIR SITUATION SOUP KITCHEN-PROVIDES A NUTRITIOUS MEAL 5 DAYS-A-WEEK TO THOSE IN NEED TO HELP ALLEVIATE HUNGER FOR FAMILIES AND INDIVIDUALS

4d

Other program services (Describe in Schedule O)

(Expenses \$ 274,418 including grants of \$) (Revenue \$)
















4e

Total program service expenses

1,272,189

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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 	9 Yes	
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 	10	No
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 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
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	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			
7b			
7c			
7d			
7e			
7f			
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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 this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	BRENDA LINNICK EXECUTIVE DIRECTOR 215 S WALNUT WOOSTER, OH (330) 264-5576

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHLEEN HOVSEPIAN BOARD MEMBER	1 00	X						0	0	0
(2) CHRISTY HARRIS BOARD MEMBER	1 00	X						0	0	0
(3) ANDREW LYCANS BOARD MEMBER	1 00	X						0	0	0
(4) JOHN VENey BOARD MEMBER	1 00	X						0	0	0
(5) MARY WEST BOARD MEMBER	1 00	X						0	0	0
(6) CAROLYN BUXTON BOARD MEMBER	1 00	X						0	0	0
(7) KATHRYN HELMUTH BOARD MEMBER	1 00	X						0	0	0
(8) THOMAS HUDAK BOARD MEMBER	1 00	X						0	0	0
(9) NANCY LAKES BOARD MEMBER	1 00	X						0	0	0
(10) LISA REICHERT BOARD MEMBER	1 00	X						0	0	0
(11) TERRY SNODDY BOARD MEMBER	1 00	X						0	0	0
(12) PAM ZANONE BOARD MEMBER	1 00	X						0	0	0
(13) BRENDA LINNICK DIRECTOR	55 00			X				95,311	0	0
(14) ANDREI DORDEA TREASURER	3 00			X				0	0	0
(15) BILL DERODES PRESIDENT	3 00			X				0	0	0
(16) DARLENE JOHNS CO-TREASURER	3 00			X				0	0	0

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							95,311			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: **1**

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

Section B. Independent Contractors

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

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	9,286				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,514,894				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			1,524,180			
Program Service Revenue	2a		Business Code		4,190	4,190		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			4,190			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		46,944			46,944
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				21,320
		21,320						
		Less rental expenses						
		21,320						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)		21,320				
7a		(i) Securities		(ii) Other				
		Less cost or other basis and sales expenses		1,861				
		Gain or (loss)		-1,861				
d		Net gain or (loss)		-1,861	-1,861			
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
		a						
		b Less direct expenses		b				
c		Net income or (loss) from fundraising events . .						
9a		Gross income from gaming activities See Part IV, line 19						
	a							
	b Less direct expenses		b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
	a							
	b Less cost of goods sold		b					
	c Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS			3,039			3,039	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			3,039				
12	Total revenue. See Instructions			1,597,812	2,329		71,303	

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).

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.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	1,094,815	1,094,815		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	181,337	83,624	22,319	75,394
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	32,643	17,559	3,421	11,663
10	Payroll taxes.	12,152	5,823	229	6,100
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	7,300	2,920	4,380	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	36,200	36,200		
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	16,480	6,447	6,851	3,182
17	Travel.	2,498	1,097	897	504
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.	16,090		16,090	
22	Depreciation, depletion, and amortization.	22,114	4,326	17,788	
23	Insurance.	4,071	1,836	2,235	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PRINTING & PUBLICATIONS	22,564	1,410	365	20,789
b	EQUIPMENT RENTAL	15,565	6,567	6,670	2,328
c	BAD DEBTS	13,330		13,330	
d	TELEPHONE	11,029	6,133	3,343	1,553
e	All other expenses	19,392	3,432	11,616	4,344
25	Total functional expenses. Add lines 1 through 24e.	1,507,580	1,272,189	109,534	125,857
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			830,930	2	817,338
	3	Pledges and grants receivable, net			733,618	3	827,239
	4	Accounts receivable, net			109	4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			5,023	9	5,355
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	674,916			
	b	Less accumulated depreciation	10b	308,134	379,600	10c	366,782
	11	Investments—publicly traded securities			407,678	11	450,870
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			900	15	900
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,357,858	16	2,468,484
Liabilities	17	Accounts payable and accrued expenses			1,403	17	667
	18	Grants payable			1,082,696	18	1,101,924
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			3,183	25	5,085
	26	Total liabilities. Add lines 17 through 25			1,087,282	26	1,107,676
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			1,195,685	27	1,280,927
	28	Temporarily restricted net assets			74,891	28	79,881
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,270,576	33	1,360,808
	34	Total liabilities and net assets/fund balances			2,357,858	34	2,468,484

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,597,812
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,507,580
3	Revenue less expenses Subtract line 2 from line 1	3	90,232
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,270,576
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,360,808

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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 WAYNE & HOLMES CO

Employer identification number
34-0946973

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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

☐

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

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- | | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of monetary support |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,344,226	1,629,593	1,514,343	1,351,830	1,524,180	7,364,172
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,344,226	1,629,593	1,514,343	1,351,830	1,524,180	7,364,172
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7,364,172

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,344,226	1,629,593	1,514,343	1,351,830	1,524,180	7,364,172
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,140	88,174	70,448	36,918	68,264	304,944
9	Net income from unrelated business activities, whether or not the business is regularly carried on		1,692	1,271	100	3,039	6,102
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support (Add lines 7 through 10)						7,675,218
12	Gross receipts from related activities, etc (see instructions)					12	4,190
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 2012 (line 6, column (f) divided by line 11, column (f))	14	95 950 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	96 390 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

UNITED WAY OF WAYNE & HOLMES CO

Employer identification number

34-0946973

Part I

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

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

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶\$ _____

(ii) Assets included in Form 990, Part X

▶\$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII 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		65,080		65,080
b Buildings				
c Leasehold improvements				
d Equipment		609,836		609,836
e Other			308,134	-308,134
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				366,782

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	1,568,693
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,568,693
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	29,119
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,597,812

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

1	Total expenses and losses per audited financial statements	1	1,478,461
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,478,461
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :	4c	29,119
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,507,580

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATIONS 17,650 PROVISION FOR UNCOLLECTIBLE PLEDGES 13,330 LOSS ON DISPOSAL - 1,861
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATIONS 17,650 PROVISION FOR UNCOLLECTIBLE PLEDGES 13,330 LOSS ON DISPOSAL - 1,861

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF WAYNE & HOLMES CO

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
34-0946973

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

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

2

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

▶

3

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

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) ALLOCATIONS - VARIOUS		1,077,165			
(2) OTHER UW DESIGNATIONS		17,650			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	UNITED WAY OF WAYNE AND HOLMES COUNTIES MAKES PAYMENTS OF ALLOCATED AND DESIGNATED CONTRIBUTION AMOUNTS THROUGHOUT THE YEAR TO VARIOUS ORGANIZATIONS FOR A VARIETY OF TYPES OF ASSISTANCE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
UNITED WAY OF WAYNE & HOLMES CO**Employer identification number**

34-0946973

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	OUR MISSION STATEMENT, "UNITING PEOPLE AND RESOURCES IN A COMMUNITY-WIDE EFFORT TO IMPROVE LIVES," DESCRIBES OUR TRUE FOCUS. WE ZERO-IN ON THE ISSUES, THE STRATEGIES AND THE ACTIONS NEEDED TO IMPROVE LIVES AND CREATE LASTING CHANGE IN OUR COMMUNITIES. BEYOND TRYING TO MAKE SURE THAT PEOPLE IN CRISIS HAVE ACCESS TO BASIC EMERGENCY NEEDS, UNITED WAY WORKS TO ASSESS COMMUNITY NEEDS IN THE IMPACT AREAS OF EDUCATION, FAMILY AND FINANCIAL STABILITY, AND HEALTH. THESE ARE THE BUILDING BLOCKS FOR A STRONG COMMUNITY-QUALITY: EDUCATION FOR CHILDREN, SELF-SUFFICIENT FAMILIES, AND ACCESS TO PRIMARY HEALTH CARE. THE WORK BEING ACCOMPLISHED IS MUCH MORE COMPLEX THAN OUR PREVIOUS WORK. THIS COMPREHENSIVE APPROACH MEANS THE DIFFERENCE BETWEEN DEVELOPING MORE HOMELESS SHELTERS OR FOOD BANKS TO SERVE OUR MOST VULNERABLE POPULATIONS VERSUS, DEVELOPING A WAY TO ADDRESS THE ROOT CAUSES WHICH IMPACT PEOPLES' ABILITY TO MAINTAIN A ROOF OVER THEIR HEAD AND FOOD ON THEIR TABLE, AND BECOME SELF-SUFFICIENT. THIS WORK REQUIRES COLLABORATION NOT ONLY TO IDENTIFY PRIORITIES, BUT ALSO TO DECIDE WHICH STRATEGIES ARE NEEDED TO BRING RESOLUTION TO THESE CHALLENGES.

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	-PARENT PROJECT PROVIDES PARENT TRAINING AND SUPPORT PROGRAM FOR PARENTS OF STRONG-WILLED, DEFIANT OR OUT-OF-CONTROL TEENAGERS -MENTAL HEALTH COUNSELING USING A SLIDING FEE PROGRAM AND OFFERING SERVICES AT WOOSTER AND RITTMAN OFFICE -GOODWILL INDUSTRIES ORGANIZATIONAL EMPLOYMENT PROVIDES EMPLOYMENT OF INDIVIDUALS WITH SEVERE DISABILITIES AS WELL AS WORK EXPERIENCE POSITIONS FOR LOW INCOME INDIVIDUALS ON PUBLIC ASSISTANCE USING JOB COACH WHO SUPERVISES AND TRAINS THEM -GREENLEAF FAMILY CENTER COMMUNITY SERVICES FOR THE DEAF STRIVES TO ELIMINATE COMMUNICATION BARRIERS BETWEEN THE DEAF AND HEARING WORLDS AND TO ASSIST PERSONS WHO ARE DEAF/HARD OF HEARING TO ACCESS NEEDED COMMUNITY RESOURCES -UNITED WAY'S 2-1-1 CONNECTS PEOPLE AND THE RESOURCES AVAILABLE TO THEM TO MEET THEIR HEALTH AND HUMAN SERVICE NEEDS -LIBERTY CENTER CONNECTIONS HOUSING-PROVIDES TRANSITIONAL HOUSING, RENTAL ASSISTANCE, INTENSIVE BUDGET REVIEW, HOME INSPECTIONS, HOUSEHOLD MANAGEMENT SERVICES, AND FINANCIAL MANAGEMENT COURSES

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	-VIOLA STARTZMAN FREE CLINIC HEALTHCARE FOR THE UNINSURED PROVIDES ROUTINE, COMPREHENSIVE AND FOCUSED HEALTH CARE TO RESIDENTS OF WAYNE COUNTY WHO WOULD OTHERWISE BE UNABLE TO RECEIVE HEALTH CARE DUE TO THE INABILITY TO PAY

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	HIGH QUALITY CHILDCARE FOR CHILDREN OF WORKING PARENTS USING A SLIDING FEE SCHEDULE - ORRVILLE AREA BOYS & GIRLS CLUB PROVIDES PROGRAMS WHICH ACCOMPLISH THE FOLLOWING - CULTIVATES SOCIAL SKILLS, LEADERSHIP SKILLS, AND HELP MEMBERS TO LEARN TO WORK IN SMALL AND LARGE GROUPS -REINFORCES THE EDUCATIONAL PROCESS ALONG WITH THE SCHOOLS -WORKS WITH YOUTH AND THEIR ATTITUDES AND CURRENT STATE AS IT RELATES TO ALCOHOL, TOBACCO, DRUGS, PEER PRESSURE AND PREMATURE SEXUAL ACTIVITY -WORKS ON BASIC PHYSICAL HEALTH ISSUES USING A SERIES OF EXERCISES AND EVENTS -PROVIDE A LOW-COST AFTER SCHOOL AND SUMMER CHILDCARE PROGRAM FOR WORKING PARENTS -PROMOTES CREATIVITY AND TEACHES ARTISTIC TECHNIQUES -SALVATION ARMY FAMILY LIFE CENTER-YOUTH CENTER PROVIDES LOW-INCOME, HIGH-RISK YOUNG ADULTS WITH PROGRAMS WHICH UTILIZE RECREATIONAL/EDUCATIONAL ACTIVITIES, FAMILY INVOLVEMENT, COUNSELING, TUTORING AND EMPOWERING CLASSES -WOOSTER CITY SCHOOLS AFTER SCHOOL PROGRAM-PROVIDES CURRICULUM-BASED PROGRAMMING AND TUTORING FOCUSED ON INCREASING ACADEMIC PERFORMANCE ADDITIONALLY THE PROGRAM WORKS ON LIFE SKILLS, COMMUNITY SERVICE AND OPPORTUNITIES FOR EXERCISE AND RECREATION TO ACADEMICALLY AT-RISK STUDENTS -YMCA OF WOOSTER THE SPOT OFFERS ELEMENTARY SCHOOL AGE CHILDREN A SAFE, SUPPORTIVE AND FUN PLACE TO SPEND THEIR LEISURE TIME THROUGH BOTH RECREATIONAL AND EDUCATIONAL PROGRAMS -KNIGHTS FIELD PROVIDES A FREE DAY CAMP WHERE ELEMENTARY AGE YOUTH CAN BUILD SELF-ESTEEM, LEARN SPORTS, AND POSITIVE SOCIAL INTERACTION WITH PEERS AND ADULTS

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	<p>VARIOUS OTHER PURPOSE ACHIEVEMENTS TOWARDS UNITED WAY'S MISSION INCLUDING CORE EMERGENCY SERVICES SUCH AS -AMERICAN RED CROSS ARMED FORCES EMERGENCY ASSISTANCE PROVIDES WORLDWIDE EMERGENCY COMMUNICATIONS BETWEEN ACTIVE DUTY MEMBERS AND VETERANS OF THE ARMED FORCES AND THEIR FAMILIES -EMERGENCY DISASTER RELIEF SERVICES PROVIDES IMMEDIATE AND APPROPRIATE EMERGENCY ASSISTANCE TO VICTIMS OF MAN-MADE AND NATURAL DISASTERS -COMMUNITY LEGAL AID CIVIL LEGAL SERVICES-HELPS LOW-INCOME RESIDENTS OF WAYNE COUNTY WHO HAVE NO OTHER MEANS OF OBTAINING CIVIL LEGAL ASSISTANCE -EVERY WOMAN'S HOUSE CRISIS SHELTER PROGRAM-OFFERS SAFETY AND SUPPORT FOR THOSE WHO HAVE EXPERIENCED FAMILY VIOLENCE/SEXUAL ASSAULT AND WHO ARE IN IMMEDIATE NEED OF SAFE HOUSING -PEOPLE TO PEOPLE MINISTRIES EMERGENCY ASSISTANCE- PROVIDES PEOPLE WITH BASIC NEEDS SUCH AS FOOD FROM THE FOOD PANTRY, HOUSEHOLD AND CLOTHING ITEMS, AND FINANCIAL ASSISTANCE FOR THE FOLLOWING NEEDS SHELTER, UTILITY DISCONNECTS, EMERGENCY TRANSPORTATION AND BASIC HEALTHCARE -SALVATION ARMY- RITTMAN RITTMAN EMERGENCY ASSISTANCE-PROVIDES EMERGENCY FINANCIAL ASSISTANCE FOR UTILITIES, PRESCRIPTION ASSISTANCE, RENT, AND OTHER BASIC NEEDS -SALVATION ARMY- WOOSTER CORPS 24-HOUR OPEN DOOR EMERGENCY SHELTER-PROVIDES TEMPORARY SHELTER FOR HOMELESS POPULATION AND FAMILIES IN CRISIS WHILE THEY SEEK A PERMANENT SOLUTION TO THEIR SITUATION SOUP KITCHEN-PROVIDES A NUTRITIOUS MEAL 5 DAYS-A-WEEK TO THOSE IN NEED TO HELP ALLEVIATE HUNGER FOR FAMILIES AND INDIVIDUALS</p>

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A FULL PRESENTATION OF THE FORM 990 IS DONE FOR THE MEMBERS OF THE EXECUTIVE COMMITTEE AND THE BOARD OF DIRECTORS FOR REVIEW AND INPUT PRIOR TO FILING

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	WHEN INDUCTING A NEW BOARD MEMBER, THEY GO THROUGH A NEW BOARD TRAINING AT THAT TRAINING, THEY NOT ONLY ARE GIVEN A CONFLICT OF INTEREST SHEET TO COMPLETE, THEY RECEIVE A MANUAL WHICH DESCRIBES CONFLICT OF INTEREST AS FOLLOWS BOARD MEMBERS MUST AVOID CONFLICTS OF INTEREST BETWEEN THE INTERESTS OF THE UNITED WAY OF WAYNE AND ANY PERSONAL, PROFESSIONAL, AND/OR BUSINESS INTERESTS THIS INCLUDES AVOIDING POTENTIAL AND ACTUAL CONFLICTS OF INTEREST, AS WELL AS PERCEPTIONS OF CONFLICTS OF INTEREST MEMBERS OF THE BOARD OF DIRECTORS WILL PROVIDE WRITTEN NOTICE OF SUCH INTEREST OR RELATIONSHIP TO THE UNITED WAY OF WAYNE AND HOLMES COUNTIES INC THIS WILL INCLUDE THE BOARD MEMBER HAVING EITHER DIRECT OR INDIRECT INTEREST IN OR RELATIONSHIP WITH ANY INDIVIDUAL OR ORGANIZATION - BUSINESS OR NONPROFIT, FAMILY, AND/OR SIGNIFICANT OTHER, EMPLOYER, OR CLOSE ASSOCIATES THROUGH THIS RELATIONSHIP THAT WOULD RECEIVE A BENEFIT OR GAIN FROM SERVING ON THE BOARD ONCE THEY ARE ON THE BOARD, EACH TIME A VOTE IS CONSIDERED WHERE A POTENTIAL CONFLICT OF INTEREST MIGHT OCCUR SUCH AS DURING THE PROCESS OF APPROVING AN ALLOCATIONS TO AN AGENCY, DECISIONS ABOUT WHERE MONEY IS INVESTED, INSURANCE PURCHASED, SERVICES CONTRACTED FOR, MEMBERS ARE ENCOURAGED TO IDENTIFY THEMSELVES AND RECORD AN ABSTENTION

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OFFICERS WILL RECOMMEND THE SALARY ADJUSTMENT OF THE EXECUTIVE DIRECTOR

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	SALARY DETERMINATION BASED ON BUT NOT LIMITED TO, LOCAL SALARY RANGES FOR SIMILAR POSITIONS, NATIONAL/STATE SALARY LEVELS FOR SIMILAR POSITIONS, EXPERIENCE, AND QUALIFICATION

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	DONOR DESIGNATIONS -17,650 PROVISION FOR UNCOLLECTIBLE PLEDGES -13,330 LOSS ON DISPOSAL 1,861 DONOR DESIGNATIONS 17,650 PROVISION FOR UNCOLLECTIBLE PLEDGES 13,330 LOSS ON DISPOSAL -1,861

Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2012

Attachment
Sequence No **179**

Name(s) shown on return
UNITED WAY OF WAYNE & HOLMES CO

Business or activity to which this form relates
INDIRECT DEPRECIATION

Identifying number

34-0946973

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	18,441

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	917
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	19,358
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	