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<p>Form 990</p> <p></p> <p>Department of the Treasury Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</p> <p>▶ The organization may have to use a copy of this return to satisfy state reporting requirements</p>	<p>OMB No 1545-0047</p> <p>2012</p> <p>Open to Public Inspection</p>
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A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

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 THE UNITED WAY OF THE GREATER DAYTON AREA		D Employer identification number 31-0536658
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 33 WEST FIRST STREET NO 500	Room/suite	E Telephone number (937) 225-3001
	City or town, state or country, and ZIP + 4 DAYTON, OH 45402		G Gross receipts \$ 10,419,207
F Name and address of principal officer TOM MAULTSBY 33 WEST FIRST STREET SUITE 500 DAYTON, OH 45402		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.DAYTON-UNITEDWAY.ORG			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY OF THE GREATER DAYTON AREA ENGAGES THE COMMUNITY TO SUPPORT A LOCAL NETWORK OF HEALTH AND HUMAN SERVICE AGENCIES AND INITIATIVES THAT MAKE LASTING CHANGES IN THE MIAMI VALLEY A VOLUNTEER-LED ORGANIZATION, UNITED WAY IS THE AREA'S LARGEST PRIVATE FUNDER OF HEALTH AND HUMAN SERVICES, PRIMARILY PROVIDED BY MORE THAN 70 LOCAL PARTNER AGENCIES IN MONTGOMERY, GREENE AND PREBLE COUNTIES UNITED WAY FOCUSES ON UNDERLYING CAUSES TO GET TO THE HEART OF LOCAL PROBLEMS AND TO PREVENT THEM FROM HAPPENING IN THE FIRST PLACE - SUCH AS PREPARING YOUTH TO SUCCEED IN SCHOOL TODAY AND IN THE JOBS OF TOMORROW OR PREVENTING HOME FORECLOSURE AND HOMELESSNESS OUR LOCAL UNITED WAY ALSO CONNECTS PEOPLE IN NEED WITH SERVICES THROUGH HELPLINK 2-1-1 AND CONNECTS PEOPLE WITH VOLUNTEER OPPORTUNITIES THROUGH VOLUNTEER CONNECTION		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	44
	6 Total number of volunteers (estimate if necessary)	6	4,436
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,956,202	10,003,329
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	440,223	409,936
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,404	5,942
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
		11,403,829	10,419,207
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,245,604	7,620,617
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,150,037	2,121,123
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,352,606		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	947,942	980,464
	19 Revenue less expenses Subtract line 18 from line 12	11,343,583	10,722,204
Net Assets or Fund Balances		60,246	-302,997
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,836,494	13,026,966
	21 Total liabilities (Part X, line 26)	6,923,673	6,739,939
22 Net assets or fund balances Subtract line 21 from line 20	5,912,821	6,287,027	

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

Sign Here	*****	2014-01-18
	Signature of officer	Date
	TOM MAULTSBY PRESIDENT & CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name TODD R ROBERTS	Preparer's signature	Date 2014-01-18	Check <input type="checkbox"/> if self-employed	PTIN P00197560
	Firm's name ► BRADY WARE & SCHOENFELD INC			Firm's EIN ► 35-1476702	
	Firm's address ► ONE SOUTH MAIN STREET SUITE 600 DAYTON, OH 454022088			Phone no (937) 223-5247	

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

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

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 8,183,822 including grants of \$ 7,620,617) (Revenue \$ 347,744)

FUND ALLOCATIONS, DONOR DESIGNATIONS, AND VOLUNTEER CONNECTION UNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF EDUCATION, INCOME AND BASIC NEEDS, AND HEALTH AND WELL-BEING KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND MAKE TOUGH DECISIONS ON HOW BEST TO MEET THE NEEDS AND FILL GAPS WITH GRANTS FROM UNITED WAY FUNDS IN FISCAL YEAR 2012, THESE PROGRAMS SERVED MORE THAN 285,005 CHILDREN AND ADULTS IN THE DAYTON REGION VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCE CENTER THAT PROVIDES OPPORTUNITIES FOR INDIVIDUALS OF ALL AGES TO MAKE AN IMPACT IN THE COMMUNITY IN FISCAL 2012, VOLUNTEER CONNECTION ENGAGED APPROXIMATELY 3,144 VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES ABOUT 1,292 VOLUNTEER REFERRALS WERE MADE AND VOLUNTEERS CONTRIBUTED OVER 8,588 HOURS OF THEIR TIME IN SERVICE PROJECTS UNITED WAY ALSO DISTRIBUTES CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES AS A SERVICE TO DONORS PARTICIPATING IN THE ANNUAL UNITED WAY CAMPAIGN OR COMBINED FEDERAL CAMPAIGN (CFC)

4b

(Code) (Expenses \$ 586,452 including grants of \$ 0) (Revenue \$ 62,192)

UNITED WAY'S HELPLINK 2-1-1 IS A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL SERVICE PROVIDED 24-HOURS-A-DAY, 365-DAYS-A-YEAR HELPLINK 2-1-1 MAINTAINS THE REGION'S MOST COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES AND IS CONNECTED WITH SERVICES THROUGHOUT THE STATE AND COUNTY HELPLINK OFFERS INFORMATION, REFERRALS, ADVOCACY AND SCHEDULES APPOINTMENTS FOR THE EARNED INCOME TAX CREDIT PROGRAM AND CONDUCTS OUTREACH TO DISLOCATED WORKERS AND THEIR FAMILIES HELPLINK 2-1-1 PROVIDES AN AFTER-HOUR ANSWERING SERVICE FOR NONPROFIT AND GOVERNMENT AGENCIES AND CASE CONSULTATION SERVICE FOR FAITH BASED ORGANIZATIONS IN FISCAL 2013, HELPLINK 2-1-1 PROVIDED 85,587 REFERRALS FOR VARIOUS NEEDS

4c

(Code) (Expenses \$ 104,840 including grants of \$ 0) (Revenue \$ 0)

AFL-CIO COMMUNITY SERVICES PROVIDES AN EMERGENCY FOOD PANTRY AND OTHER SERVICES FOCUSED ON, BUT NOT LIMITED TO, DISLOCATED WORKERS AND THEIR FAMILIES EMERGENCY FOOD, CASE MANAGEMENT, ESPECIALLY HELP NAVIGATING THE HUMAN SERVICE SYSTEM AND APPYLING FOR STATE AND FEDERAL BENEFITS INCLUDING THE EARNED INCOME TAX CREDIT, FINANCIAL LITERACY AND TEMPORARY FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FORECLOSURE PREVENTION, AND/OR DEBT MANAGEMENT IN FISCAL 2013, THE FOOD PANTRY PROVIDED 66,855 MEALS TO 1,300 FAMILIES COMPRISED OF 4,457 FAMILY MEMBERS

(Code) (Expenses \$ 122,527 including grants of \$ 0) (Revenue \$ 0)

PREBLE AND GREENE COUNTY PROGRAM SERVICES

4d

Other program services (Describe in Schedule O)

(Expenses \$ 122,527 including grants of \$) (Revenue \$)
















4e

Total program service expenses

8,997,641

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	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? 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 Yes	
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 Yes	
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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, 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	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	23	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	23	
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
7b	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		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
11b	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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶OH
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <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 ▶TOM MAULTSBY 33 WEST FIRST STREET SUITE 500 DAYTON, OH (937) 225-3001

Part VII

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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) PAMELA MORRIS CHAIR OF THE BOARD	5 00	X		X				0	0	0
(2) DAVID MELIN VICE CHAIR OF THE BOARD	5 00	X		X				0	0	0
(3) PATRICK BUCHENROTH TREASURER	5 00	X		X				0	0	0
(4) GARY AUMAN DIRECTOR	5 00	X						0	0	0
(5) JULIA BELDEN DIRECTOR	5 00	X						0	0	0
(6) SUE CIARRIELLO DIRECTOR	5 00	X						0	0	0
(7) KARL COLON DIRECTOR	5 00	X						0	0	0
(8) ROBERT CURRY DIRECTOR	5 00	X						0	0	0
(9) DANIEL DAVIS DIRECTOR	5 00	X						0	0	0
(10) STEVE EARMAN DIRECTOR	5 00	X						0	0	0
(11) NICHOLAS EDWARDS DIRECTOR	5 00	X						0	0	0
(12) JEFF FRYMIER DIRECTOR	5 00	X						0	0	0
(13) DENNIS GRANT DIRECTOR	5 00	X						0	0	0
(14) DR PERRY HENDERSON JR DIRECTOR	5 00	X						0	0	0
(15) DANIEL KUGEL DIRECTOR	5 00	X						0	0	0
(16) JAN LEPORE-JENTLESON DIRECTOR	5 00	X						0	0	0
(17) DEBORAH LIEBERMAN DIRECTOR	5 00	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (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			
(18) MARC MARTENS DIRECTOR	5 00	X						0	0	0
(19) CHARLES MORTON DIRECTOR	5 00	X						0	0	0
(20) COLLEEN RYAN DIRECTOR	5 00	X						0	0	0
(21) WILLIE THORPE DIRECTOR	5 00	X						0	0	0
(22) JAMES WINSHIP DIRECTOR	5 00	X						0	0	0
(23) THOMAS MAULTSBY PRESIDENT AND CEO, SECRETARY	40 00			X				39,606	0	3,334
(24) TERI WARWICK FORMER CFO & COO	40 00			X				84,392	0	10,757
(25) MARK FRODYMA VP OF FINANCE AND BUSINESS DEVELOPMENT	40 00			X				3,462	0	3,738
(26) ALLEN ELIJAH FORMER PRESIDENT AND CEO	40 00					X		124,503	0	18,241
1b Sub-Total							▼			
c Total from continuation sheets to Part VII, Section A							▼			
d Total (add lines 1b and 1c)							▼	251,963	0	36,070

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,003,329				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			10,003,329			
Program Service Revenue	2a	CAMPAIGN ADMINISTRATION FEE	Business Code					
			541900	347,744	347,744			
	b	INFORMATION & REFERRAL	624100	62,192	62,192			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			409,936			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,942			5,942	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . .							
	Miscellaneous Revenue		Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			10,419,207	409,936	0	5,942	

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.	7,620,617	7,620,617		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	283,344	130,622	25,218	127,504
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	1,238,349	558,118	115,210	565,021
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	225,349	109,688	17,813	97,848
9	Other employee benefits.	244,578	120,291	18,959	105,328
10	Payroll taxes.	129,503	59,974	11,712	57,817
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,688	506	338	844
c	Accounting.	24,250	3,855	5,420	14,975
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).	258,611	115,868	26,360	116,383
12	Advertising and promotion.	170,989	85,835	10,312	74,842
13	Office expenses.	22,898	11,384	1,840	9,674
14	Information technology.				
15	Royalties.				
16	Occupancy.	183,400	110,987	10,218	62,195
17	Travel.	15,416	6,168	941	8,307
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	16,216	10,904	1,489	3,823
20	Interest.				
21	Payments to affiliates.	114,859		100,352	14,507
22	Depreciation, depletion, and amortization.	17,350	5,205	3,470	8,675
23	Insurance.				
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	ADMINISTRATION FEE - CF	66,916		16,729	50,187
b	ALL OTHER EXPENSES	40,791	26,525	2,073	12,193
c	TELEPHONE	34,488	19,636	2,049	12,803
d	POSTAGE AND SHIPPING	12,592	1,458	1,454	9,680
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	10,722,204	8,997,641	371,957	1,352,606
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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1,023,755	1	731,932
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,159,944	3	3,858,605
	4	Accounts receivable, net			193,312	4	234,763
	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			39,819	9	1,901
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	162,360	66,164	10c	48,813
	b	Less accumulated depreciation	10b	113,547			
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			5,227,477	12	5,471,102
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,126,023	15	2,679,850
16	Total assets. Add lines 1 through 15 (must equal line 34)			12,836,494	16	13,026,966	
Liabilities	17	Accounts payable and accrued expenses			90,008	17	169,890
	18	Grants payable			5,733,665	18	5,470,049
	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			1,100,000	25	1,100,000
	26	Total liabilities. Add lines 17 through 25			6,923,673	26	6,739,939
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			740,303	27	811,857
	28	Temporarily restricted net assets			2,637,552	28	2,767,698
	29	Permanently restricted net assets			2,534,966	29	2,707,472
	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			5,912,821	33	6,287,027
	34	Total liabilities and net assets/fund balances			12,836,494	34	13,026,966

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	10,419,207
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,722,204
3	Revenue less expenses Subtract line 2 from line 1	3	-302,997
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,912,821
5	Net unrealized gains (losses) on investments	5	677,203
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,287,027

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	2a	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	2b	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	2c	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?	3a	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	3b	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches 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.")	11,351,363	10,604,947	10,840,106	10,956,202	10,003,329	53,755,947
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	11,351,363	10,604,947	10,840,106	10,956,202	10,003,329	53,755,947
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						53,755,947

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	11,351,363	10,604,947	10,840,106	10,956,202	10,003,329	53,755,947
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199,285	55,542	45,121	7,404	5,942	313,294
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						54,069,241
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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 420 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	99 040 %
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)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number
31-0536658

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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

	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	3,042,014	3,222,563	2,755,545	2,580,838	3,287,225
b Contributions					
c Net investment earnings, gains, and losses	375,461	-61,803	613,154	326,869	-549,327
d Grants or scholarships					
e Other expenditures for facilities and programs	116,518	113,019	118,904	125,669	130,108
f Administrative expenses	26,699	5,727	27,232	26,493	26,952
g End of year balance	3,274,258	3,042,014	3,222,563	2,755,545	2,580,838

- 2

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

a

Board designated or quasi-endowment ▶ 15 900 %

b

Permanent endowment ▶ 84 100 %

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)

No
- b

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

3b
- 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				
b Buildings				
c Leasehold improvements				
d Equipment		162,360	113,547	48,813
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				48,813

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	6,132,133
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	677,203
e	Add lines 2a through 2d	2e	677,203
3	Subtract line 2e from line 1	3	5,454,930
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	4,964,277
c	Add lines 4a and 4b	4c	4,964,277
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	10,419,207

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	5,757,927
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	-4,964,277
e	Add lines 2a through 2d	2e	-4,964,277
3	Subtract line 2e from line 1	3	10,722,204
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
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	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,722,204

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT CONSISTS OF TEMPORARILY AND PERMANENTLY RESTRICTED GIFTS WITH THE EARNINGS AVAILABLE TO SUPPORT THE MISSION OF THE UNITED WAY IN SUPPORTING HEALTH AND HUMAN SERVICE AGENCIES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS IT HAS TAKEN, OR EXPECTS TO TAKE, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAXING AUTHORITY. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE BENEFIT ARISING FROM AN UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2013. THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2009, 2010, AND 2011 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.
PART XI, LINE 2D - OTHER ADJUSTMENTS		INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 43,973 GAIN ON LIFE INSURANCE POLICIES 67,929 GAIN ON INVESTMENTS AT THE DAYTON FOUNDATION 306,227 GAIN ON PERPETUAL TRUSTS 259,074
PART XI, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS 4,964,277
PART XII, LINE 2D - OTHER ADJUSTMENTS		DONOR DESIGNATIONS -4,964,277

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Employer identification number
31-0536658

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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
See Additional Data Table							

2

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

149

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

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

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON AREA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 PAWS FOR ABILITY INC 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	31-1625484	501(C)(3)	6,779				PROGRAM OPERATING COSTS
4C FOR CHILDREN1924 DANA AVENUE CINCINNATI,OH 45207	31-0823634	501(C)(3)	102,750				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A SPECIAL WISH FOUNDATION WESTERN OHIO REGIONAL CHAPTER 436 VALLEY ST DAYTON,OH 45404	31-1234314	501(C)(3)	53,443				PROGRAM OPERATING COSTS
AFL-CIO LABOR FOOD PANTY1675 WOODMAN DRIVE DAYTON,OH 45432	31-1757115	501(C)(3)	61,563				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AID FOR AFRICA6909 RIDGEWOOD AVENUE CHEVY CHASE,MD 20815	06-1703295	501(C)(3)	6,629				PROGRAM OPERATING COSTS
AIDS RESOURCE CENTER OHIO INC15 W FOURTH STREET SUITE 200 DAYTON,OH 45402	31-1126780	501(C)(3)	28,424				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIM FOR THE HANDICAPPED945 DANBURY ROAD DAYTON, OH 45420	31-6059936	501(C)(3)	13,460				PROGRAM OPERATING COSTS
AIR FORCE MUSEUM FONDATION INCPO BOX 1903 WRIGHTPATTERSON AFB, OH 45433	31-0668800	501(C)(3)	8,727				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC MV31 WEST WHIPP ROAD CENTERVILLE,OH 45459	31-1031867	501(C)(3)	5,023				PROGRAM OPERATING COSTS
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON,DC 20006	53-0196605	501(C)(3)	95,098				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON, OH 45402	31-0537493	501(C)(3)	226,821				PROGRAM OPERATING COSTS
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	23-2154856	501(C)(3)	88,971				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193389	501(C)(3)	71,477				PROGRAM OPERATING COSTS
ANIMAL WELFARE LEAGUE OF CLARK COUNTY701 BASSWOOD DRIVE SPRINGFIELD,OH 45504	31-6060287	501(C)(3)	9,251				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTEMIS CENTER TO DOMESTIC VIOLENCE310 W MONUMENT AVE DAYTON, OH 45402	31-1120194	501(C)(3)	92,211				PROGRAM OPERATING COSTS
AULLWOOD AUDUBON CENTER AND FARM1000 AULLWOOD ROAD DAYTON, OH 45414	31-0968010	501(C)(3)	5,797				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEAVER CREEK WETLANDS ASSOCIATION INC PHILLIPS PARK DAYTON XENIA ROAD BEAVERCREEK, OH 45434	31-1241944	501(C)(3)	10,380				PROGRAM OPERATING COSTS
BEST FRIENDS PET ASSISTED THERAPY INC 3149 EAST HIGH STREET SPRINGFIELD, OH 45505	56-2603516	501(C)(3)	5,557				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC2211 ARBOR BLVD MORaine,OH 45439	31-0641306	501(C)(3)	121,936				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA #439 TECUMSEH COUNCIL 326 SOUTH THOMPSON AVE SPRINGFIELD,OH 45506	31-0536966	501(C)(3)	42,734				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA MIAMI VALLEY COUNCIL #4446550 POE AVENUE DAYTON, OH 45414	31-0537124	501(C)(3)	44,431				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF DAYTON INC1828 WEST STEWART ST DAYTON, OH 45417	31-0536657	501(C)(3)	162,459				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPFIRE USA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	81-0648432	501(C)(3)	75,318				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY922 WEST RIVERVIEW AVENUE DAYTON,OH 45402	31-0536645	501(C)(3)	370,415				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL STATE UNIVERSITY FOUNDATION 1400 BRUSH ROW ROAD WILBERFORCE,OH 45384	31-0749885	501(C)(3)	8,097				PROGRAM OPERATING COSTS
CHARITIES UNDER 1 OVERHEAD1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132554	501(C)(3)	23,441				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITIES UNDER 5 OVERHEAD1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132492	501(C)(3)	9,737				PROGRAM OPERATING COSTS
CHILDREN FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	30-0186795	501(C)(3)	29,577				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148588	501(C)(3)	36,554				PROGRAM OPERATING COSTS
CHILDREN'S HUNGER ALLIANCE370 S FIFTH STREET COLUMBUS,OH 43215	23-7303509	501(C)(3)	5,981				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-0093393	501(C)(3)	36,348				PROGRAM OPERATING COSTS
CHRISTIAN CHARITIES USA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3255961	501(C)(3)	77,655				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN SERVICE CHARITIES44330 PREMIER PLAZA SUITE 220 ASHBURN,VA 20147	94-3193374	501(C)(3)	142,452				PROGRAM OPERATING COSTS
CLOTHES THAT WORK1133 SOUTH EDWIN C MOSES BLVD SUITE 392 DAYTON,OH 45417	31-1575093	501(C)(3)	10,118				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP719 SOUTH MAIN STREET DAYTON XENIA ROAD,OH 45402	31-0709198	501(C)(3)	45,088				PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY CHILDRENS CENTER320 CORRY STREET YELLOW SPRINGS,OH 45387	31-6001024	501(C)(3)	33,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES1240 N PITT STREET THIRD FLOOR ALEXANDRIA,VA 22314	13-6167225	501(C)(3)	239,494				PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES OF OHIO5050 C PINE CREEK DRIVE WESTERVILLE,OH 43081	31-1055345	501(C)(3)	190,631				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SHARES OF GREATER CINCINNATI103 WILLIAM HOWARD TAFT RD CINCINNATI,OH 45219	31-1445067	501(C)(3)	13,795				PROGRAM OPERATING COSTS
COMMUNITY SHARES OF MID OHIO3620 N HIGH STREET SUITE 102 COLUMBUS,OH 43214	31-1363943	501(C)(3)	17,403				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSERVATION & PRESERVATION CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217738	501(C)(3)	19,708				PROGRAM OPERATING COSTS
CRAYONS TO CLASSROOMS1511 KUNTZ ROAD DAYTON,OH 45404	26-1594574	501(C)(3)	6,117				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA CENTER INC33 BARNETT ST DAYTON,OH 45402	31-0731056	501(C)(3)	84,442				PROGRAM OPERATING COSTS
DAYBREAK INC605 S PATTERSON BLVD DAYTON,OH 45402	31-0864474	501(C)(3)	163,423				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAY-MONT BEHAVIORAL HEALTH CARE INC1520 GERMANTOWN ST DAYTON,OH 45417	31-0819904	501(C)(3)	5,061				PROGRAM OPERATING COSTS
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON,OH 45405	31-0537480	501(C)(3)	5,290				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON CHRISTIAN CENTER1352 W RIVERVIEW AVE DAYTON, OH 45414	31-1593146	501(C)(3)	10,000				PROGRAM OPERATING COSTS
DAYTON CHILDREN'S HOSPITALONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	33,723				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON OHIO HABITAT FOR HUMANITY INC3534 LINDEN AVE DAYTON,OH 45410	31-1104456	501(C)(3)	54,752				PROGRAM OPERATING COSTS
DAYTON PERFORMING ARTS ALLIANCE126 NORTH MAIN STREET SUITE 210 DAYTON,OH 45402	31-6000101	501(C)(3)	7,441				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYTON PUBLIC RADIO INC WDPG-FM 899126 N MAIN STREET 110 DAYTON, OH 45402	31-1007460	501(C)(3)	5,523				PROGRAM OPERATING COSTS
DAYTON URBAN MINISTRIES3665 OTTERBEIN DAYTON, OH 45408	31-1482732	501(C)(3)	30,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIABETES DAYTON2555 S DIXIE DR SUITE 112 KETTERING,OH 45409	31-6084147	501(C)(3)	34,430				PROGRAM OPERATING COSTS
DO UNTO OTHERS AMERICA'S EMERGENCY RELI RELIEF DEVELOPMENT AND HUMANITAR1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148590	501(C)(3)	23,528				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814	52-1601960	501(C)(3)	40,320				PROGRAM OPERATING COSTS
EARTHSHARE OHIO4400 N HIGH ST STE 415 COLUMBUS,OH 43214	27-3918694	501(C)(3)	12,945				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON, OH 45410	31-1508554	501(C)(3)	101,590				PROGRAM OPERATING COSTS
EDUCATE AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193387	501(C)(3)	9,894				PROGRAM OPERATING COSTS

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

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EDUCATIONAL MEDIA FOUNDATION5700 WEST OAKS BLVD ROCKLIN,CA 95765	94-2816342	501(C)(3)	6,906				PROGRAM OPERATING COSTS
ELIZABETH'S NEW LIFE CENTER INC DAYTON359 FOREST AVENUE SUITE 203 DAYTON,OH 45405	31-1381901	501(C)(3)	24,294				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION OF WESTERN OHIO11 WEST MONUMENT AVENUE SUITE 101 DAYTON,OH 45402	31-0920600	501(C)(3)	33,126				PROGRAM OPERATING COSTS
FAIRBORN PRESCHOOL AND DAYCARE100 N BROAD STREET FAIRBORN,OH 45324	31-0798490	501(C)(3)	8,384				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRBORN SENIOR CENTER 325 N 3RD STREET DAYTON,OH 45324	31-0846949	501(C)(3)	9,500				PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION2211 ARBOR BLVD DAYTON,OH 45439	31-0561485	501(C)(3)	196,672				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICES WRIGHT-PATTERSON AFB OH FORCE BASE4651 HIALEAH PARK HUBER HEIGHTS,OH 45424	30-0298005	501(C)(3)	9,642				PROGRAM OPERATING COSTS
FAMILY VIOLENCE PREVENTION CENTER OF GREENE COUNTY INC380 BELLBROOK AVE XENIA,OH 45385	31-0992401	501(C)(3)	80,645				PROGRAM OPERATING COSTS

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

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FISHERNIGHTINGALE HOUSES INCPO BOX 33871 WRIGHTPATTERSON AFB, OH 45433	31-1313382	501(C)(3)	61,059				PROGRAM OPERATING COSTS
FOOD FOR THE POOR INC 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	7,011				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WESTERN OHIO450 SHOUP MILL ROAD DAYTON,OH 45415	31-0579673	501(C)(3)	10,311				PROGRAM OPERATING COSTS
GIRL SCOUTS OF WESTERN OHIO COUNCIL4930 CORNELL RD CINCINNATI,OH 45242	31-0679091	501(C)(3)	5,683				PROGRAM OPERATING COSTS

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

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GLEN HELEN ASSOCIATION405 CORRY STREET YELLOW SPRINGS, OH 45387	31-0963193	501(C)(3)	7,995				PROGRAM OPERATING COSTS
GLOBAL IMPACT66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA,VA 22314	52-1273585	501(C)(3)	58,424				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEIGHBOR HOUSE 844 SOUTH PATTERSON BLVD DAYTON, OH 45402	31-1374154	501(C)(3)	35,537				PROGRAM OPERATING COSTS
GOODWILL EASTER SEALS OF MIAMI VALLEY1511 KUNTZ RD DAYTON, OH 45404	31-0537112	501(C)(3)	29,904				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSPEL MISSION INC64 BURNS AVENUE PO BOX 1141 DAYTON, OH 45402	31-0543267	501(C)(3)	22,477				PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES6430 INNER MISSION WAY DAYTON, OH 45459	31-0540159	501(C)(3)	64,453				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER DAYTON VOLUNTEERS LAWYERS PROJECT610 PERFORMANCE PLACE 109 NORTH MAIN STREET DAYTON,OH 45402	31-1251172	501(C)(3)	10,471				PROGRAM OPERATING COSTS
GREENE COUNTY SPECIAL OLYMPICS362 DARST ROAD DAYTON,OH 45440	91-1875370	501(C)(3)	6,537				PROGRAM OPERATING COSTS

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

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HABITAT FOR HUMANITY OF GREENE COUNTY OHIO INC4919 LONGFORD RD DAYTON, OH 45424	31-1312175	501(C)(3)	25,689				PROGRAM OPERATING COSTS
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217739	501(C)(3)	115,769				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	30-0186796	501(C)(3)	20,889				PROGRAM OPERATING COSTS
HEART INSTITUTE OF DAYTON2200 PHILADELPHIA DRIVE SUITE 510 DAYTON,OH 45406	30-0502367	501(C)(3)	5,039				PROGRAM OPERATING COSTS

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

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HOMEFULL1133 S EDWIN C MOSES BLVD SUITE 306 306 DAYTON, OH 45417	31-1236989	501(C)(3)	20,468				PROGRAM OPERATING COSTS
HONOR FLIGHT DAYTON INC200 CANARY COURT ENON, OH 45323	27-2186914	501(C)(3)	25,350				PROGRAM OPERATING COSTS

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

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HOUSE OF BREAD9 ORTH AVENUE DAYTON,OH 45402	31-1076425	501(C)(3)	62,653				PROGRAM OPERATING COSTS
HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA125 WASHINGTON STREET SUITE 201 SALEM,MA 01970	94-3193388	501(C)(3)	5,052				PROGRAM OPERATING COSTS

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

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HUMAN CARE CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3067804	501(C)(3)	10,170				PROGRAM OPERATING COSTS
HUMAN SERVICE CHARITIES OF AMERICA 44330 PREMIER PLAZA SUITE 220 ASHBURN,VA 20147	94-3240353	501(C)(3)	7,975				PROGRAM OPERATING COSTS

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

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HUMANE SOCIETY OF GREENE COUNTY187 BELLBROOK AVENUE XENIA,OH 45385	23-7146805	501(C)(3)	58,389				PROGRAM OPERATING COSTS
INTERFAITH HOSPITALITY NETWORK OF GREENE COUNTY124 SOUTH DETROIT STREET XENIA,OH 45385	31-1430758	501(C)(3)	8,330				PROGRAM OPERATING COSTS

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

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JEWISH FEDERATION OF GREATER DAYTON INC525 VERSAILLES DR DAYTON,OH 45459	31-0537488	501(C)(3)	21,555				PROGRAM OPERATING COSTS
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING,OH 45429	23-7419897	501(C)(3)	14,186				PROGRAM OPERATING COSTS

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

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KETTERING SEVENTH DAY ADVENTIST CHURCH3939 STONEBRIDGE ROAD KETTERING,OH 45419	34-1485732	501(C)(3)	55,500				PROGRAM OPERATING COSTS
LEGAL AID OF WESTERN OHIO INC130 WEST SECOND STREET SUITE 700 WEST DAYTON,OH 45402		501(C)(3)	106,531				PROGRAM OPERATING COSTS

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

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LIFE ESSENTIAL40 S PERRY STREET DAYTON,OH 45402	31-1324922	501(C)(3)	10,000				PROGRAM OPERATING COSTS
MEDICAL RESEARCH CHARITIES125 WASHINGTON STREET SUITE 201 SALEM,MA 01970	94-3148591	501(C)(3)	40,014				PROGRAM OPERATING COSTS

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

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MERCY MANOR INC25 GROSVENOR AVE DAYTON,OH 45417	31-1317248	501(C)(3)	39,353				PROGRAM OPERATING COSTS
MIAMI VALLEY HOSPITAL FOUNDATION31 WYOMING ST DAYTON,OH 45409	31-1040231	501(C)(3)	8,496				PROGRAM OPERATING COSTS

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

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MIAMI VALLEY WOMEN'S CENTER INC2345 WEST STROOP RD DAYTON, OH 45439	31-1068733	501(C)(3)	19,167				PROGRAM OPERATING COSTS
MIAMISBURG YOUTH CENTER24 EAST MAPLE MIAMISBURG, OH 45342	31-0834260	501(C)(3)	13,424				PROGRAM OPERATING COSTS

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

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MILITARY FAMILY AND VETERANS SERVICE ORG ORGANIZATIONS OF AMERICAPO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(C)(3)	107,966				PROGRAM OPERATING COSTS
MILITARY SUPPORT GROUPS OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-2242752	501(C)(3)	13,484				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BLACK UNITED FUND40 CLINTON STREET NEWARK, NJ 07102	95-2970559	501(C)(3)	8,878				PROGRAM OPERATING COSTS
NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	52-0907625	501(C)(3)	16,885				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NRA CIVIL RIGHTS DEFENSE FUND11250 WAPLES MILL ROAD FAIRFAX, VA 22030	52-1136665	501(C)(3)	5,581				PROGRAM OPERATING COSTS
PLANNED PARENTHOOD OF SOUTHWEST OHIO KETTERING-PHILIPS CENTER224 NORTH WILKINSON DAYTON,OH 45402	31-0536688	501(C)(3)	11,042				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSTAL EMPLOYEES RELIEF FUND8 HERBERT STREET ALEXANDRIA,VA 22305	52-1666010	501(C)(3)	5,577				PROGRAM OPERATING COSTS
PREBLE COUNTY COUNCIL ON AGING INC800 EAST ST CLAIR ST EATON,OH 45320	31-0830453	501(C)(3)	31,845				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT READC/O SINCLAIR COMMUNITY COLLEGE 444 WEST THIRD STREET DAYTON,OH 454021460	23-7032312	501(C)(3)	36,524				PROGRAM OPERATING COSTS
REACH OUT OF MONTGOMERY COUNTY25 EAST FORAKER ST DAYTON,OH 45409	31-1434282	501(C)(3)	9,013				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBYNS NEST INC4425 APPLETON PL KETTERING,OH 45440	34-2052816	501(C)(3)	5,264				PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC555 VALLEY ST DAYTON,OH 45404	31-0964793	501(C)(3)	34,883				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIOR RESOURCE CONNECTION222 SALEM AVE DAYTON, OH 45406	31-0592759	501(C)(3)	225,883				PROGRAM OPERATING COSTS
SHOES 4 THE SHOELESS INC326 RIDGEWOOD AVE DAYTON, OH 45409	27-3371811	501(C)(3)	7,538				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMILE TRAIN41 MADISON AVENUE 28TH FLOOR NEWYORK,NY 10010	13-3661416	501(C)(3)	5,324				PROGRAM OPERATING COSTS
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS2600 WILMINGTON PK KETTERING,OH 45419	23-7367199	501(C)(3)	30,098				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF DAYTON OHIO INC1133 S EDWIN C MOSES BLVD STE 308 DAYTON,OH 45417	31-1011485	501(C)(3)	136,474				PROGRAM OPERATING COSTS
SUICIDE PREVENTION CENTER INCORPORATED OF DAYTON OHIOP O BOX 1393 DAYTON,OH 45401	31-0905854	501(C)(3)	15,009				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENTH LIFE3944 BARBERRY BLVD BEAVERCREEK,OH 45440	31-1127562	501(C)(3)	31,058				PROGRAM OPERATING COSTS
THE FOODBANK INC427 WASHINGTON STREET DAYTON,OH 45402	86-1082880	501(C)(3)	255,444				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GRANDVIEW FOUNDATION405 GRAND AVENUE DAYTON, OH 45405	31-1649591	501(C)(3)	13,998				PROGRAM OPERATING COSTS
THE HOSPICE OF DAYTON INC324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501(C)(3)	142,543				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY GREATER DAYTON AREA 1000 N KEOWEE ST DAYTON,OH 45404	13-5562351	501(C)(3)	41,190				PROGRAM OPERATING COSTS
THE YMCA OF GREATER DAYTON111 W FIRST ST STE 207 DAYTON,OH 45402	31-0537517	501(C)(3)	29,404				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THINK TV110 S JEFFERSON ST DAYTON,OH 45402	31-0858459	501(C)(3)	13,438				PROGRAM OPERATING COSTS
TIPP CITY AREA UNITED WAY INC12 SOUTH THIRD STREET TIPP CITY,OH 45371	23-7120582	501(C)(3)	12,534				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIFIED HEALTH SOLUTIONS3440 OFFICE PARK DRIVE KETTERING,OH 45439	31-0727292	501(C)(3)	146,335				PROGRAM OPERATING COSTS
UNITED NEGRO COLLEGE FUND1805 7TH STREET NW WASHINGTON,DC 20001	13-1624241	501(C)(3)	11,466				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED REHABILITATION SERVICES OF GREATER DAYTON4710 OLD TROY PIKE DAYTON,OH 45424	31-0592919	501(C)(3)	152,867				PROGRAM OPERATING COSTS
UNITED SERVICE ORGANIZATIONS INC (USO) WORLD HEADQUARTERS2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501(C)(3)	18,298				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF BUTLER COUNTY OHIO323 NORTH THIRD STREET HAMILTON, OH 450111624	31-0734490	501(C)(3)	12,526				PROGRAM OPERATING COSTS
UNITED WAY OF CLARK CHAMPAIGN & MADISON MADISON COUNTIES120 S CENTER STREET 2ND FLOOR SPRINGFIELD, OH 45502	31-0549095	501(C)(3)	8,783				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CLARK CHAMPAIGN & MADISON MADISON COUNTIES120 S CENTER STREET 2ND FLOOR SPRINGFIELD,OH 45502	31-0549095	501(C)(3)	29,757				PROGRAM OPERATING COSTS
UNITED WAY OF THE GREATER DAYTON AREA33 W FIRST STREET 5TH FLOOR DAYTON,OH 45402	31-0536658	501(C)(3)	7,626				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF TROY OHIO INC233 SOUTH MARKET STREET TROY,OH 453733326	31-0619209	501(C)(3)	14,569				PROGRAM OPERATING COSTS
UNITED WAY OF TROY OHIO INC233 SOUTH MARKET STREET TROY,OH 453733326	31-0619209	501(C)(3)	31,951				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VICTORIA THEATRE ASSOCIATION138 NORTH MAIN STREET DAYTON, OH 45402	31-0897638	501(C)(3)	10,000				PROGRAM OPERATING COSTS
WARREN COUNTY UNITED WAY645 OAK ST LEBANON, OH 45036	23-7132362	501(C)(3)	25,069				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WE CARE ARTS3035 WILMINGTON PIKE DAYTON,OH 45429	31-1295721	501(C)(3)	17,095				PROGRAM OPERATING COSTS
WESLEY COMMUNITY CENTER INC3730 DELPHOS AVENUE DAYTON,OH 45417	30-0203259	501(C)(3)	72,206				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILD ANIMALS WORLDWIDE1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	20-8774272	501(C)(3)	8,279				PROGRAM OPERATING COSTS
WISHFUL THINKING ENDEAVORS1090 KNOLL HAVEN DR XENIA,OH 45385	26-3163226	501(C)(3)	7,127				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMANLINE OF DAYTON INC301 EAST SIXTH STREET DAYTON,OH 45402	31-0804873	501(C)(3)	11,564				PROGRAM OPERATING COSTS
WOMEN CHILDREN AND FAMILY SERVICE CHAR CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193386	501(C)(3)	16,846				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRIGHT-PATTERSON AIR FORCE BASE EDUCATION FUND1470 RUNNYMEADE WAY BEAVERCREEK,OH 45385	31-1137465	501(C)(3)	9,453				PROGRAM OPERATING COSTS
WRIGHT-PATTERSON AIR FORCE BASE YOUTH PROGRAMS88FSS/FSFY 200 ALLBROOK DR WRIGHTPATTERSON AFB, OH 45433	31-0542399	501(C)(3)	5,308				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
XENIA ADULT RECREATION AND SERVICES CENTER130 E CHURCH ST XENIA,OH 45385	38-1890999	501(C)(3)	42,047				PROGRAM OPERATING COSTS
YWCA OF DAYTON141 WEST THIRD ST DAYTON,OH 45402	31-0537168	501(C)(3)	263,484				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF DAYTON111 W 1ST STREET DAYTON,OH 45402	31-0537517	501(C)(3)	76,150				PROGRAM OPERATING COSTS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

Employer identification number
31-0536658

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div></div>		
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>		No
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>		No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ALLEN ELIJAH FORMER PRESIDENT AND CEO	(i)	99,434	25,069	0	5,415	12,826	142,744	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 4A	ALLEN ELIJAH - \$35,094

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
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number

31-0536658

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