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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

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

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
33 WEST FIRST STREET NO 500

City or town, state or province, country, and ZIP or foreign postal code
DAYTON, OH 45402

D Employer identification number
31-0536658

E Telephone number
(937) 225-3001

G Gross receipts $ 9,083,124

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DAYTON-UNITEDWAY ORG

K Form of organization ☐ Corporation ☐ Trust ☑ Association ☐ Other ▶ | **L** Year of formation 1942 | **M** State of legal domicile OH

Part I Summary

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	48
6	Total number of volunteers (estimate if necessary)	**6**	2,375
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,945,471	8,751,239
9	Program service revenue (Part VIII, line 2g)	377,174	287,598
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,074	44,287
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,408,719	9,083,124
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,552,824	6,366,801
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)	1,922,739	1,816,295
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,127,608		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	763,206	912,046
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	9,238,769	9,095,142
19	Revenue less expenses Subtract line 18 from line 12	169,950	-12,018

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,637,463	13,504,830
21	Total liabilities (Part X, line 26)	6,291,360	6,132,687
22	Net assets or fund balances Subtract line 21 from line 20	7,346,103	7,372,143

Part II Signature Block

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

Sign Here

****** | 2016-01-23
Signature of officer | Date

TOM MAULTSBY PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
TODD R ROBERTS CPA	TODD R ROBERTS CPA	2016-01-20		P00197560

Firm's name ▶ BRADY WARE & SCHOENFELD INC | Firm's EIN ▶ 35-1476702
Firm's address ▶ 3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342 | 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 or note to any line 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 $ 6,664,478 including grants of $ 6,366,801) (Revenue $ 227,804)

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 2015, THESE PROGRAMS SERVED MORE THAN 285,000 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 2015, VOLUNTEER CONNECTION ENGAGED VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES ABOUT 2,375 VOLUNTEER REFERRALS WERE MADE AND VOLUNTEERS CONTRIBUTED OVER 6,357 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 $ 491,820 including grants of $) (Revenue $ 59,794)

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 2015, HELPLINK 2-1-1 PROVIDED 83,784 REFERRALS FOR VARIOUS NEEDS

4c (Code) (Expenses $ 355,997 including grants of $ 0) (Revenue $ 0)

DURING FISCAL YEAR 2015, THE UNITED WAY OF THE GREATER DAYTON AREA, THROUGH THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM, SERVED 460 STUDENTS AT SEVEN SITES THROUGHOUT MONTGOMERY COUNTY, OHIO DURING THE SUMMER BREAK FROM SCHOOL, THE FREEDOM SCHOOLS PROGRAM PROVIDES READING AND LEARNING ENRICHMENT AND PLAYS A MUCH NEEDED ROLE IN HELPING TO CURB SUMMER LEARNING LOSS AND CLOSE ACHIEVMENT GAPS

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 104,515 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 7,616,810

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	29		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	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	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year **1a** 22			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent **1b** 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ OH

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶ TOM MAULTSBY

33 WEST FIRST STREET SUITE 500
DAYTON, OH 45402 (937) 225-3001

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

Check if Schedule O contains a response or note to any line 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) DAVID MELIN PAST IMMEDIATE CHAIR	5 00	X						0	0	0
(2) JULIA BELDEN TREASURER	5 00	X		X				0	0	0
(3) SUE CIARRIELLO DIRECTOR	5 00	X						0	0	0
(4) DANIEL DAVIS DIRECTOR	5 00	X						0	0	0
(5) NICHOLAS EDWARDS VICE CHAIR OF THE BOARD	5 00	X						0	0	0
(6) DENNIS GRANT DIRECTOR	5 00	X						0	0	0
(7) JAN LEPORE-JENTLESON DIRECTOR	5 00	X						0	0	0
(8) DEBORAH LIEBERMAN DIRECTOR	5 00	X						0	0	0
(9) CHARLES MORTON DIRECTOR	5 00	X						0	0	0
(10) COLLEEN RYAN DIRECTOR	5 00	X						0	0	0
(11) WILLIE THORPE DIRECTOR	5 00	X						0	0	0
(12) STEPHEN HERBERT CHAIR OF THE BOARD	5 00	X		X				0	0	0
(13) THOMAS MAULTSBY PRESIDENT/CEO AND SECRETAR	40 00	X		X				130,350	0	16,468
(14) MARK HEITKAMP 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			
(15) JARROD MCNAUGHTON DIRECTOR	5 00	X						0	0	0
(16) PHILLIP PARKER DIRECTOR	5 00	X						0	0	0
(17) JOSE RODRIGUEZ DIRECTOR	5 00	X						0	0	0
(18) KIMBERLY BARRETT DIRECTOR	5 00	X						0	0	0
(19) PAUL BENSON DIRECTOR	5 00	X						0	0	0
(20) TAMMY LUNDSTROM DIRECTOR	5 00	X						0	0	0
(21) EVAN KLOTH DIRECTOR	5 00	X						0	0	0
(22) BILL VOSKUHL DIRECTOR	5 00	X						0	0	0
(23) JUDY THOMPSON DIRECTOR	5 00	X						0	0	0
(24) BRENT BYERLY VICE PRESIDENT OF FINANCE AND BUSINESS DEVELOPMENT	40 00			X				52,308	0	2,716

1b	**Sub-Total**			
c	**Total from continuation sheets to Part VII, Section A**			
d	**Total (add lines 1b and 1c)**	182,658	0	19,184

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? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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 8,751,239				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	8,751,239			
Program Service Revenue		Business Code				
	2a CAMPAIGN ADMINISTRATIO	541900	227,804	227,804		
	b INFORMATION & REFERRAL	624100	59,794	59,794		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶	287,598			
	3 Investment income (including dividends, interest, and other similar amounts)	▶	44,287			44,287
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
Other Revenue	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	▶	9,083,124	287,598	0	44,287

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	6,366,801	6,366,801		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,531	96,133	18,559	93,839
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	1,106,053	488,355	124,796	492,902
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,126	106,499	21,186	97,441
9 Other employee benefits	171,367	73,476	15,595	82,296
10 Payroll taxes	105,218	47,583	11,206	46,429
11 Fees for services (non-employees)				
a Management				
b Legal	1,845		461	1,384
c Accounting	16,900	5,070	3,380	8,450
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)	211,601	101,092	23,076	87,433
12 Advertising and promotion	103,446	44,666	8,309	50,471
13 Office expenses	134,561	121,980	3,252	9,329
14 Information technology				
15 Royalties				
16 Occupancy	173,595	91,238	13,298	69,059
17 Travel	41,910	34,425	1,084	6,401
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,575	11,460	2,187	7,928
20 Interest				
21 Payments to affiliates	80,596		80,596	
22 Depreciation, depletion, and amortization	10,763	3,229	2,153	5,381
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	69,083		17,271	51,812
b TELEPHONE	20,009	12,165	1,574	6,270
c ALL OTHER EXPENSES	18,780	12,204	1,200	5,376
d POSTAGE AND SHIPPING	7,382	434	1,541	5,407
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	9,095,142	7,616,810	350,724	1,127,608
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	684,657	1	813,574
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	3,191,546	3	3,130,485
	4	Accounts receivable, net	204,717	4	109,692
	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	8,782	9	8,750
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 172,161			
	b	Less accumulated depreciation — 10b: 134,404	36,928	10c	37,757
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11	6,276,145	12	6,231,812
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,234,688	15	3,172,760
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	13,637,463	16	13,504,830
Liabilities	17	Accounts payable and accrued expenses	158,934	17	158,150
	18	Grants payable	5,032,426	18	4,874,537
	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	6,291,360	26	6,132,687
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,378,907	27	1,575,867
	28	Temporarily restricted net assets	2,938,893	28	2,811,206
	29	Permanently restricted net assets	3,028,303	29	2,985,070
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,346,103	33	7,372,143
	34	Total liabilities and net assets/fund balances	13,637,463	34	13,504,830

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,083,124
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,095,142
3	Revenue less expenses Subtract line 2 from line 1	3	-12,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,346,103
5	Net unrealized gains (losses) on investments	5	38,058
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	7,372,143

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 31-0536658
Name: THE UNITED WAY OF THE GREATER DAYTON AREA

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

(Code	) (Expenses $	104,515	including grants of $	) (Revenue $)

PREBLE AND GREENE COUNTY PROGRAM SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493026001206

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,840,106	10,956,202	10,003,329	8,945,471	8,751,239	49,496,347
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	10,840,106	10,956,202	10,003,329	8,945,471	8,751,239	49,496,347
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						49,496,347

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	10,840,106	10,956,202	10,003,329	8,945,471	8,751,239	49,496,347
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,121	7,404	5,942	86,074	44,287	188,828
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 VI)						
11 **Total support** Add lines 7 through 10						49,685,175

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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**	99 620 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	**15**	99 610 %

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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 III **Support 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493026001206

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	3,689,070	3,274,258	3,042,014	3,222,563	2,755,545
b	Contributions					
c	Net investment earnings, gains, and losses	102,043	563,992	375,461	-61,803	613,154
d	Grants or scholarships					
e	Other expenditures for facilities and programs	126,411	121,070	116,518	113,019	118,904
f	Administrative expenses	27,642	28,110	26,699	5,727	27,232
g	End of year balance	3,637,060	3,689,070	3,274,258	3,042,014	3,222,563

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

- a Board designated or quasi-endowment ▶ 17 930 %
- b Permanent endowment ▶ 82 070 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		172,161	134,404	37,757
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				37,757

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUNICIPAL BONDS	578,641	F
(B) PERPETUAL INTEREST IN TRUSTS	2,710,070	F
(C) DAYTON FOUNDATION	2,943,101	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	6,231,812	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	2,144,298
(2) RESTRICTED CASH	1,028,462
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	3,172,760

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
LONG TERM DEFINED BENEFIT PLAN OBLIGATION	1,100,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,100,000

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,267,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) 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	38,058		
e	Add lines **2a** through **2d**			2e	38,058
3	Subtract line **2e** from line **1**			3	5,229,056
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	3,854,068		
c	Add lines **4a** and **4b**			4c	3,854,068
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	9,083,124

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,241,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-3,854,068		
e	Add lines **2a** through **2d**			2e	-3,854,068
3	Subtract line **2e** from line **1**			3	9,095,142
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part 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	9,095,142

Part XIII Supplemental Information

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

Return Reference	Explanation
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
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, 2015 THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2011, 2012, AND 2013 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 -103,833 GAIN ON INVESTMENTS AT THE DAYTON FOUNDATION 91,127 GAIN ON PERPETUAL TRUSTS 50,764
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,854,068
PART XII, LINE 2D - OTHER ADJUSTMENTS	DONOR DESIGNATIONS -3,854,068

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493026001206

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

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

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 Domestic Organizations and Domestic Governments.

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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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

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

Part III **Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Additional Data

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 Domestic Organizations and Domestic Governments.

(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)	6,312				DONOR DESIGNATED GENERAL
A SPECIAL WISH FOUNDATION WESTERN OHIOREGIONAL CHAPTER 436 VALLEY ST DAYTON,OH 45404	31-1234314	501(C)(3)	22,722				DONOR DESIGNATED GENERAL
AFL-CIO LABOR FOOD PANTY1675 WOODMAN DRIVE DAYTON,OH 45432	31-1757115	501(C)(3)	8,831				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AFL-CIO LABOR FOOD PANTY1675 WOODMAN DRIVE DAYTON,OH 45432	31-1757115	501(C)(3)	18,000				PROGRAM OPERATING COSTS
AIDS RESOURCE CENTER OHIO INC15 W FOURTH STREET SUITE 200 DAYTON,OH 45402	31-1126780	501(C)(3)	9,872				DONOR DESIGNATED GENERAL
AIDS RESOURCE CENTER OHIO INC15 W FOURTH STREET SUITE 200 DAYTON,OH 45402	31-1126780	501(C)(3)	13,950				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 RELATEDDISORDERS ASSOCIATION INC MV31 WEST WHIPP ROAD CENTERVILLE,OH 45459	31-1031867	501(C)(3)	5,184				DONOR DESIGNATED GENERAL
AMERICAN CANCER SOCIETY40 SOUTH PERRY STREET SUITE 120 DAYTON,OH 45402	13-1788491	501(C)(3)	5,141				DONOR DESIGNATED GENERAL
AMERICAN CHARITIES3608 GALLEY RD COLORADO SPRINGS,CO 80909	26-4130157	501(C)(3)	27,319				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	91,713				DONOR DESIGNATED GENERAL
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON,OH 45402	31-0537493	501(C)(3)	95,216				PROGRAM OPERATING COSTS
ANIMAL CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193389	501(C)(3)	51,985				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WELFARE LEAGUE OF CLARK COUNTY701 BASSWOOD DRIVE SPRINGFIELD,OH 45504	31-6060287	501(C)(3)	8,694				DONOR DESIGNATED GENERAL
ANTIOCH UNIVERSITY150 E SOUTH COLLEGE STREET YELLOW SPRINGS,OH 45387	31-0536640	501(C)(3)	14,306				DONOR DESIGNATED GENERAL
ARTEMIS CENTERTO DOMESTIC VIOLENCE310 W MONUMENT AVE DAYTON,OH 45402	31-1120194	501(C)(3)	27,064				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTERTO DOMESTIC VIOLENCE310 W MONUMENT AVE DAYTON,OH 45402	31-1120194	501(C)(3)	51,150				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE GREATERMIAMI VALLEY INC2211 ARBOR BLVD MORAINE,OH 45439	31-0641306	501(C)(3)	17,259				DONOR DESIGNATED GENERAL
BIG BROTHERS BIG SISTERS OF THE GREATERMIAMI VALLEY INC2211 ARBOR BLVD MORAINE,OH 45439	31-0641306	501(C)(3)	90,000				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 #439 TECUMSEHCOUNCIL 326 SOUTH THOMPSON ROAD SPRINGFIELD,OH 45506	31-0536966	501(C)(3)	17,807				DONOR DESIGNATED GENERAL
BOY SCOUTS OF AMERICA #439 TECUMSEHCOUNCIL 326 SOUTH THOMPSON ROAD SPRINGFIELD,OH 45506	31-0536966	501(C)(3)	9,500				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA MIAMI VALLEYCOUNCIL #4447285 POE AVE DAYTON,OH 45414	31-0537124	501(C)(3)	25,428				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF DAYTON INC1828 WEST STEWART ST DAYTON,OH 45417	31-0536657	501(C)(3)	17,142				DONOR DESIGNATED GENERAL
BOYS & GIRLS CLUB OF DAYTON INC1828 WEST STEWART ST DAYTON,OH 45417	31-0536657	501(C)(3)	171,048				PROGRAM OPERATING COSTS
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH AND ENDPO BOX 45754 SAN FRANCISCO,CA 94145	81-0648432	501(C)(3)	32,509				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES922 WEST RIVERVIEW AVENUE DAYTON,OH 45402	31-0536645	501(C)(3)	112,287				DONOR DESIGNATED GENERAL
CATHOLIC SOCIAL SERVICES922 WEST RIVERVIEW AVENUE DAYTON,OH 45402	31-0536645	501(C)(3)	156,051				PROGRAM OPERATING COSTS
CHARITIES UNDER 1 OVERHEAD1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-3132554	501(C)(3)	22,184				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	5,724				DONOR DESIGNATED GENERAL
CHILDREN FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY,VA 20151	30-0186795	501(C)(3)	13,918				DONOR DESIGNATED GENERAL
CHILDREN'S CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148588	501(C)(3)	23,198				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HUNGER ALLIANCE3594 NORTH SNYDER ROAD TROTWOOD,OH 45426	23-7303509	501(C)(3)	5,249				DONOR DESIGNATED GENERAL
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-0093393	501(C)(3)	19,638				DONOR DESIGNATED GENERAL
CHRISTIAN CHARITIES USA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3255961	501(C)(3)	49,026				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CHILDREN'S CHARITIES1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	45-2919697	501(C)(3)	5,722				DONOR DESIGNATED GENERAL
CHRISTIAN SERVICE CHARITIES44330 PREMIER PLAZA SUITE 220 ASHBURN,VA 20147	94-3193374	501(C)(3)	86,590				DONOR DESIGNATED GENERAL
CLOTHES THAT WORK1133 SOUTH EDWIN C MOSES BLVD SUITE 392 DAYTON,OH 45417	31-1575093	501(C)(3)	11,424				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PARTNERSHIP OF THEGREATER DAYTON AREA719 SOUTH MAIN STREET DAYTON,OH 45402	31-0709198	501(C)(3)	15,811				PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES1240 N PITT STREET THIRD FLOOR ALEXANDRIA,VA 22314	13-6167225	501(C)(3)	146,370				DONOR DESIGNATED GENERAL
COMMUNITY HEALTH CHARITIES OHIOP O BOX 759246 BALTIMORE,MD 21275	31-1055345	501(C)(3)	92,839				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	6,592				DONOR DESIGNATED GENERAL
COMMUNITY SHARES OF MID OHIO1699 WEST MOUND STREET COLUMBUS,OH 43223	31-1363943	501(C)(3)	7,399				DONOR DESIGNATED GENERAL
COMPREHENSIVE COMMUNITY CHILD CAREORGANIZATION INC 1000 N KEOWEE ST DAYTON,OH 45404	31-0823634	501(C)(3)	95,458				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	13,480				DONOR DESIGNATED GENERAL
DAKOTA CENTER INC33 BARNETT ST DAYTON,OH 45402	31-0731056	501(C)(3)	11,125				DONOR DESIGNATED GENERAL
DAKOTA CENTER INC33 BARNETT ST DAYTON,OH 45402	31-0731056	501(C)(3)	58,950				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAYBREAK INC605 S PATTERSON BLVD DAYTON,OH 45402	31-0864474	501(C)(3)	34,540				DONOR DESIGNATED GENERAL
DAYBREAK INC605 S PATTERSON BLVD DAYTON,OH 45402	31-0864474	501(C)(3)	100,000				PROGRAM OPERATING COSTS
DAYTON CHILDREN'S HOSPITALONE CHILDRENS PLAZA DAYTON,OH 45404	31-0672132	501(C)(3)	22,630				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAYTON CHRISTIAN CENTER INC1352 WEST RIVERVIEW AVENUE DAYTON,OH 45402	31-1593146	501(C)(3)	11,546				PROGRAM OPERATING COSTS
DAYTON PERFORMING ARTS ALLIANCE126 NORTH MAIN STREET SUITE 210 DAYTON,OH 45402	31-6000101	501(C)(3)	6,514				DONOR DESIGNATED GENERAL
DIABETES ASSOCIATION OF THE DAYTON AREA 2555 S DIXIE DRSUITE 112 KETTERING,OH 45409	31-6084147	501(C)(3)	15,050				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ASSOCIATION OF THE DAYTON AREA2555 S DIXIE DRSUITE 112 KETTERING,OH 45409	31-6084147	501(C)(3)	6,975				PROGRAM OPERATING COSTS
DOUNTO OTHERS AMERICAN'S EMERGENCY RELIEF DEVELOPMENT AND HUMANITARIAN O1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3148590	501(C)(3)	14,886				DONOR DESIGNATED GENERAL
EARTHSHARE7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA,MD 20814	52-1601960	501(C)(3)	29,926				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EARTHSHARE OHIO4400 N HIGH ST STE 415 COLUMBUS,OH 43214	27-3918694	501(C)(3)	7,084				DONOR DESIGNATED GENERAL
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON,OH 45410	31-1508554	501(C)(3)	14,118				DONOR DESIGNATED GENERAL
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON,OH 45410	31-1508554	501(C)(3)	82,219				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EDUCATE AMERICA THE EDUCATION SCHOOL SUPPORT AND SCHOLARSHIP FUNDS COALIT1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193387	501(C)(3)	5,850				DONOR DESIGNATED GENERAL
EDUCATIONAL MEDIA FOUNDATION5700 WEST OAKS BLVD ROCKLIN,CA 95765	94-2816342	501(C)(3)	5,082				DONOR DESIGNATED GENERAL
ELIZABETH'S NEW LIFE CENTER INCDAYTON359 FOREST AVENUE SUITE 203 DAYTON,OH 45405	31-1381901	501(C)(3)	20,039				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	9,705				DONOR DESIGNATED GENERAL
EPILEPSY FOUNDATION OF WESTERN OHIO11 WEST MONUMENT AVENUE SUITE 101 DAYTON,OH 45402	31-0920600	501(C)(3)	13,020				PROGRAM OPERATING COSTS
FAIRBORN PRESCHOOL AND DAYCARE100 N BROAD STREET FAIRBORN,OH 45324	31-0798490	501(C)(3)	6,157				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAIRBORN SENIOR CITIZENS ASSOCIATION INC325 NORTH THIRD STREET FAIRBORN,OH 45324	31-0846949	501(C)(3)	14,255				PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION2211 ARBOR BLVD DAYTON,OH 45439	31-0561485	501(C)(3)	5,028				DONOR DESIGNATED GENERAL
FAMILY SERVICE ASSOCIATION2211 ARBOR BLVD DAYTON,OH 45439	31-0561485	501(C)(3)	181,449				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 WRIGHTPATTERSON AFB OH4651 HIALEAH PARK HUBER HEIGHTS,OH 45424	30-0298005	501(C)(3)	6,834				DONOR DESIGNATED GENERAL
FAMILY VIOLENCE PREVENTION CENTER OFGREENE COUNTY INC 380 BELLBROOK AVE XENIA,OH 45385	31-0992401	501(C)(3)	6,760				DONOR DESIGNATED GENERAL
FAMILY VIOLENCE PREVENTION CENTER OFGREENE COUNTY INC 380 BELLBROOK AVE XENIA,OH 45385	31-0992401	501(C)(3)	65,841				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FISHERNIGHTINGALE HOUSES INCPO BOX 33871 WRIGHTPATTERSON AFB, OH 45433	31-1313382	501(C)(3)	35,944				DONOR DESIGNATED GENERAL
GIRL SCOUTS OF WESTERN OHIO450 SHOUP MILL ROAD DAYTON,OH 45415	31-0579673	501(C)(3)	10,525				DONOR DESIGNATED GENERAL
GLOBAL IMPACT66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA,VA 22314	52-1273585	501(C)(3)	38,570				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 627 EAST FIRST STREET DAYTON,OH 45402	31-1374154	501(C)(3)	37,536				DONOR DESIGNATED GENERAL
GOODWILL EASTER SEALS OF MIAMI VALLEY660 SOUTH MAIN STREET DAYTON,OH 45402	31-0537112	501(C)(3)	10,968				DONOR DESIGNATED GENERAL
GOSPEL MISSION INC64 BURNS AVENUE DAYTON,OH 45402	31-0543267	501(C)(3)	10,270				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GRACE UNITED METHODIST CHURCH1001 HARVARD BOULEVARD DAYTON,OH 45406	31-0543283	501(C)(3)	38,560				PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES6430 INNER MISSION WAY CENTERVILLE,OH 45459	31-0540159	501(C)(3)	24,230				DONOR DESIGNATED GENERAL
GRACEWORKS LUTHERAN SERVICES6430 INNER MISSION WAY CENTERVILLE,OH 45459	31-0540159	501(C)(3)	33,765				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 LAWYERSPROJECT109 NORTH MAIN STREET DAYTON,OH 45402	31-1251172	501(C)(3)	7,542				DONOR DESIGNATED GENERAL
GREENE COUNTY COMMUNITY FOUNDATION 306 WHITTIER AVENUE FAIRBORN,OH 45324	31-1751001	501(C)(3)	36,750				PROGRAM OPERATING COSTS
GREENE MEDICAL FOUNDATION1141 NORTH MONRE DRIVER XENIA,OH 45385	31-0886949	501(C)(3)	12,593				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER DAYTON115 WEST RIVERVIEW AVENUE DAYTON,OH 45405	31-1104456	501(C)(3)	33,603				DONOR DESIGNATED GENERAL
HABITAT FOR HUMANITY OF GREATER DAYTON115 WEST RIVERVIEW AVENUE DAYTON,OH 45405	31-1104456	501(C)(3)	18,000				PROGRAM OPERATING COSTS
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3217739	501(C)(3)	56,957				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	14,988				DONOR DESIGNATED GENERAL
HOMEFULL33 WEST FIRST STREETSUITE 100 DAYTON,OH 45402	31-1236989	501(C)(3)	13,297				DONOR DESIGNATED GENERAL
HOMEFULL33 WEST FIRST STREETSUITE 100 DAYTON,OH 45402	31-1236989	501(C)(3)	94,510				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HOMELESS ANIMAL RESCUE TEAM OF CINCINNAT11711 PRINCETON PIKE CINCINNATI,OH 45246	36-4562074	501(C)(3)	22,963				DONOR DESIGNATED GENERAL
HOUSE OF BREAD9 ORTH AVENUE DAYTON,OH 45402	31-1076425	501(C)(3)	32,990				DONOR DESIGNATED GENERAL
HOUSE OF BREAD9 ORTH AVENUE DAYTON,OH 45402	31-1076425	501(C)(3)	13,500				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUMAN CARE CHARITIES OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3067804	501(C)(3)	5,286				DONOR DESIGNATED GENERAL
HUMAN SERVICE CHARITIES OF AMERICA 44330 PREMIER PLAZA SUITE 220 ASHBURN,VA 20147	94-3240353	501(C)(3)	9,473				DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREATER DAYTON1661 NICHOLAS ROAD DAYTON,OH 45417	31-0537073	501(C)(3)	20,411				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HUMANE SOCIETY OF GREENE COUNTY187 BELLBROOK AVENUE XENIA,OH 45385	23-7146805	501(C)(3)	20,061				DONOR DESIGNATED GENERAL
JEWISH FEDERATION OF GREATER DAYTON INC525 VERSAILLES DRIVE DAYTON,OH 45459	31-0537488	501(C)(3)	5,810				DONOR DESIGNATED GENERAL
JEWISH FEDERATION OF GREATER DAYTON INC525 VERSAILLES DRIVE DAYTON,OH 45459	31-0537488	501(C)(3)	13,485				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING,OH 45429	23-7419897	501(C)(3)	27,796				DONOR DESIGNATED GENERAL
KETTERING SEVENTH DAY ADVENTIST CHURCH3939 STONEBRIDGE ROAD KETTERING,OH 45419	31-1337536	501(C)(3)	44,068				DONOR DESIGNATED GENERAL
LEGAL AID OF WESTERN OHIO INC130 WEST SECOND STREETSUITE 700 WEST DAYTON,OH 45402	34-1485732	501(C)(3)	93,745				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE ESSENTIALS INC40 SOUTH PERRY STREETSUITE 130 DAYTON,OH 45402	31-1324922	501(C)(3)	12,920				PROGRAM OPERATING COSTS
MAKE A WISH FOUNDATION OF GREATER OHIOKENTUCKY AND INDIANA INC2545 FARMERS DRIVE SUITE 300 COLUMBUS,OH 43235	34-1471131	501(C)(3)	8,211				DONOR DESIGNATED GENERAL
MEDICAL RESEARCH CHARITIES125 WASHINGTON STREET SUITE 201 SALEM,MA 01970	94-3148591	501(C)(3)	23,121				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH AND ADDICTION NETWORK32 CHURCH STREET 2ND FLOOR SALEM,MA 01970	20-1358397	501(C)(3)	5,318				DONOR DESIGNATED GENERAL
MERCY MANOR INC25 GROSVENOR AVE DAYTON,OH 45417	31-1317248	501(C)(3)	37,748				PROGRAM OPERATING COSTS
MIAMI VALLEY HOSPITAL FOUNDATION31 WYOMING ST DAYTON,OH 45409	31-1040231	501(C)(3)	8,042				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MIAMI VALLEY SCHOOL 5151 DENISE DRIVE DAYTON,OH 45429	31-0591154	501(C)(3)	25,000				DONOR DESIGNATED GENERAL
MIAMI VALLEY WOMEN'S CENTER INC2345 WEST STROOP RD DAYTON,OH 45439	31-1068733	501(C)(3)	12,085				DONOR DESIGNATED GENERAL
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICAPO BOX 45754 SAN FRANCISCO,CA 94145	94-3193418	501(C)(3)	66,429				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MILITARY SUPPORT GROUPS OF AMERICA1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	27-2242752	501(C)(3)	12,585				DONOR DESIGNATED GENERAL
NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE NW WASHINGTON,DC 20001	52-0907625	501(C)(3)	5,487				DONOR DESIGNATED GENERAL
OMEGA CDC1821 EMERSON AVE DAYTON,OH 45406	31-1561713	501(C)(3)	13,150				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PLANNED PARENTHOOD OF SOUTHWEST OHIO224 NORTH WILKINSON DAYTON,OH 45402	31-0536688	501(C)(3)	8,095				DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC800 EAST ST CLAIR STREET EATON,OH 45320	31-0830453	501(C)(3)	5,070				DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC800 EAST ST CLAIR STREET EATON,OH 45320	31-0830453	501(C)(3)	36,897				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PREMIER COMMUNITY HEALTHCANCER PREVENTION INSTITUTE23 JASPER STREET DAYTON,OH 454092669	31-1122883	501(C)(3)	6,100				PROGRAM OPERATING COSTS
PROJECT READ444 WEST THIRD STREET DAYTON,OH 454021460	23-7032312	501(C)(3)	7,683				DONOR DESIGNATED GENERAL
PROJECT READ444 WEST THIRD STREET DAYTON,OH 454021460	23-7032312	501(C)(3)	18,000				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC555 VALLEY ST DAYTON,OH 45404	31-0964793	501(C)(3)	16,068				DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION222 SALEM AVE DAYTON,OH 45406	31-0592759	501(C)(3)	9,729				DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION222 SALEM AVE DAYTON,OH 45406	31-0592759	501(C)(3)	199,485				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS2600 WILMINGTON PIKE KETTERING,OH 45419	23-7367199	501(C)(3)	17,913				DONOR DESIGNATED GENERAL
SOCIETY OF ST VINCENT DEPAUL2699 LONGWOOD DRIVE BEAVERCREEK,OH 45431	31-1273797	501(C)(3)	11,084				DONOR DESIGNATED GENERAL
ST VINCENT DE PAUL SOCIAL SERVICES INC 1133 S EDWIN C MOSES BLVD STE 308 DAYTON,OH 45417	31-1132259	501(C)(3)	78,740				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUICIDE PREVENTION CENTER INCORPORATEDOF DAYTON OHIOP O BOX 1393 DAYTON,OH 45401	31-0905854	501(C)(3)	7,798				DONOR DESIGNATED GENERAL
TENTH LIFE3944 BARBERRY BLVD BEAVERCREEK,OH 45440	31-1127562	501(C)(3)	25,949				DONOR DESIGNATED GENERAL
THE FOODBANK INC56 ARMOUR PLACE DAYTON,OH 45417	86-1082880	501(C)(3)	60,090				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FOODBANK INC56 ARMOUR PLACE DAYTON,OH 45417	86-1082880	501(C)(3)	110,508				PROGRAM OPERATING COSTS
THE GRANDVIEW FOUNDATION405 GRAND AVENUE DAYTON,OH 45405	31-1649591	501(C)(3)	11,899				DONOR DESIGNATED GENERAL
THE HOSPICE OF DAYTON INC324 WILMINGTON AVENUE DAYTON,OH 45420	31-0933339	501(C)(3)	83,430				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	23,437				DONOR DESIGNATED GENERAL
THE SALVATION ARMY GREATER DAYTON AREA 1000 N KEOWEE ST DAYTON,OH 45404	13-5562351	501(C)(3)	5,000				PROGRAM OPERATING COSTS
THE YMCA OF GREATER DAYTON111 W FIRST ST STE 207 DAYTON,OH 45402	31-0537517	501(C)(3)	28,353				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 YMCA OF GREATER DAYTON111 W FIRST ST STE 207 DAYTON,OH 45402	31-0537517	501(C)(3)	106,972				PROGRAM OPERATING COSTS
THINKTV110 S JEFFERSON ST DAYTON,OH 45402	31-0858459	501(C)(3)	6,731				DONOR DESIGNATED GENERAL
UNIFIED HEALTH SOLUTIONS3440 OFFICE PARK DR DAYTON,OH 45439	31-0727292	501(C)(3)	77,369				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED NEGRO COLLEGE FUND1805 7TH STREET NW WASHINGTON,DC 20001	13-1624241	501(C)(3)	6,753				DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OFGREATER DAYTON4710 OLD TROY PIKE DAYTON,OH 45424	31-0592919	501(C)(3)	17,042				DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OFGREATER DAYTON4710 OLD TROY PIKE DAYTON,OH 45424	31-0592919	501(C)(3)	120,960				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED SERVICE ORGANIZATIONS INC (USO)2111 WILSON BLVD SUITE 1200 ARLINGTON,VA 22201	13-1610451	501(C)(3)	11,828				DONOR DESIGNATED GENERAL
UNITED WAY GREATER CLEVELAND1331 EUCLID AVENUE CLEVELAND,OH 44115	34-6516654	501(C)(3)	7,587				DONOR DESIGNATED GENERAL
UNITED WAY OF BUTLER COUNTY OHIO323 NORTH THIRD STREET HAMILTON,OH 450111624	31-0734490	501(C)(3)	17,498				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTRAL OHIO INC360 S THIRD STREET COLUMBUS,OH 43215	31-4393712	501(C)(3)	9,148				DONOR DESIGNATED GENERAL
UNITED WAY OF CLARK CHAMPAIGN & MADISONMADISON COUNTIES120 S CENTER STREET 2ND FLOOR SPRINGFIELD,OH 45502	31-0549095	501(C)(3)	29,172				DONOR DESIGNATED GENERAL
UNITED WAY OF DARKE COUNTY OHIOPO BOX 716 GREENVILLE,OH 453310716	34-6551444	501(C)(3)	5,992				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER CINCINNATI & NKENTUCKY2400 READING ROAD CINCINNATI,OH 45202	31-0537502	501(C)(3)	13,821				DONOR DESIGNATED GENERAL
UNITED WAY OF PIQUA OHIOPO BOX 631 PIQUA,OH 45356	31-0605173	501(C)(3)	10,607				DONOR DESIGNATED GENERAL
UNITED WAY OF TIPP CITY AREA INC12 SOUTH THIRD STREET TIPP CITY,OH 45371	23-7120582	501(C)(3)	14,361				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	36,196				DONOR DESIGNATED GENERAL
UNITED WAY OF WARREN COUNTY645 OAK ST LEBANON,OH 45036	23-7132362	501(C)(3)	27,813				DONOR DESIGNATED GENERAL
VICTORIA THEATRE ASSOCIATION138 NORTH MAIN STREET DAYTON,OH 45402	31-0897638	501(C)(3)	6,186				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	11,311				DONOR DESIGNATED GENERAL
WESLEY COMMUNITY CENTER INC3730 DELPHOS AVENUE DAYTON,OH 45417	30-0203259	501(C)(3)	6,962				DONOR DESIGNATED GENERAL
WESLEY COMMUNITY CENTER INC3730 DELPHOS AVENUE DAYTON,OH 45417	30-0203259	501(C)(3)	94,674				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC4617 PRESIDENTIAL WAY KETTERING,OH 45429	31-0804873	501(C)(3)	5,676				DONOR DESIGNATED GENERAL
WOMEN CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	94-3193386	501(C)(3)	8,482				DONOR DESIGNATED GENERAL
WOUNDED WARRIOR EMERGENCY SUPPORT FUNDAIR WARRIOR COURAGE FOUNDATION 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR,CA 94939	77-0490412	501(C)(3)	32,722				DONOR DESIGNATED GENERAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SERVICESCENTER130 E CHURCH ST XENIA,OH 45385	38-1890999	501(C)(3)	6,092				DONOR DESIGNATED GENERAL
XENIA ADULT RECREATION AND SERVICESCENTER130 E CHURCH ST XENIA,OH 45385	38-1890999	501(C)(3)	33,106				PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY CHILDREN'SCENTER320 CORRY STREET YELLOW SPRINGS,OH 45387	31-6001024	501(C)(3)	34,099				PROGRAM OPERATING COSTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF GREATER CLEVELAND2200 PROSPECT AVENUE EAST CLEVELAND,OH 44115	34-0714728	501(C)(3)	5,054				PROGRAM OPERATING COSTS
YWCA OF DAYTON141 WEST THIRD ST DAYTON,OH 45402	31-0537168	501(C)(3)	16,298				DONOR DESIGNATED GENERAL
YWCA OF DAYTON141 WEST THIRD ST DAYTON,OH 45402	31-0537168	501(C)(3)	124,968				PROGRAM OPERATING COSTS

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	
FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST PO LICIES 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 AN D OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICAT ION 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 PERIODICALLY REVIEWS THE PERFORMANCE EVALUATION OF TH E 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 I S ALSO AVAILABLE BY REQUEST ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICI ES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE BY REQUEST TO THE PUBLIC