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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b> ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/foirm990">www.irs.gov/foirm990</a>	OMB No 1545-0047 <b>2015</b> <b>Open to Public Inspection</b>
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<b>A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA		<b>D</b> Employer identification number  31-0536658
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 33 WEST FIRST STREET NO 500	Room/suite	<b>E</b> Telephone number  (937) 225-3001
	City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45402		<b>G</b> Gross receipts \$ 8,493,064
	<b>F</b> Name and address of principal officer J THOMAS MAULTSBY 33 WEST FIRST STREET SUITE 500 DAYTON, OH 45402		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ WWW DAYTON-UNITEDWAY ORG			
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1942	<b>M</b> State of legal domicile OH

Part I Summary			
Activities & Governance	<b>1</b> 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 LOCAL 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 AND 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.		
	<b>2</b> Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 23		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 22		
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . <b>5</b> 41		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 2,517		
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0			
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	8,751,239	8,200,605
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	287,598	259,894
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	44,287	32,565
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	0	0
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	9,083,124	8,493,064
Expenses	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	6,366,801	5,427,127
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	1,816,295	1,825,603
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,100,385	0	0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		
	<b>18</b> Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	912,046	1,177,411
	<b>19</b> Revenue less expenses—subtract line 18 from line 12 . . . . .	9,095,142	8,430,141
		-12,018	62,923
Net Assets or Fund Balances		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	13,504,830	13,108,256
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	6,132,687	5,826,949
	<b>22</b> Net assets or fund balances—subtract line 21 from line 20 . . . . .	7,372,143	7,281,307

<b>Part II Signature Block</b>					
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					
<b>Sign Here</b>	*****				2017-01-18
	Signature of officer				Date
	J THOMAS MAULTSBY PRESIDENT & CEO				
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TODD R ROBERTS CPA		Preparer's signature TODD R ROBERTS CPA		Date 2017-01-18
			Check <input type="checkbox"/> if self-employed		PTIN P00197560
	Firm's name ► BRADY WARE & SCHOENFELD INC				Firm's EIN ► 35-1476702
	Firm's address ► 3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342				Phone no (937) 223-5247

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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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 \$ 5,946,880 including grants of \$ 5,427,127 ) (Revenue \$ 195,223 )
FUND GRANTS, 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 2016, THESE PROGRAMS SERVED THOUSANDS OF 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 2016, VOLUNTEER CONNECTION ENGAGED VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES ABOUT 2,517 VOLUNTEER REFERRALS WERE MADE AND VOLUNTEERS CONTRIBUTED OVER 6,738 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 \$ 563,644 including grants of \$ ) (Revenue \$ 64,671 )
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 2016, HELPLINK 2-1-1 PROVIDED 86,298 REFERRALS FOR VARIOUS NEEDS	

4c	(Code ) (Expenses \$ 372,646 including grants of \$ 0 ) (Revenue \$ 0 )
DURING FISCAL YEAR 2016, THE UNITED WAY OF THE GREATER DAYTON AREA, THROUGH THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM, SERVED 400 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 ACHIEVEMENT GAPS	
See Additional Data	

4d	Other program services (Describe in Schedule O )
(Expenses \$ 98,057 including grants of \$ ) (Revenue \$ )	

4e	Total program service expenses ▶ 6,981,227
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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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .			No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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	35	
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	41	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> 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? <b>Note.</b> 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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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	23	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent	22	
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
<b>6</b>	Did the organization have members or stockholders?	6	No
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	8a	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	8b	Yes
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	10a	Yes
<b>b</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
<b>11a</b>	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>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
<b>c</b>	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
<b>13</b>	Did the organization have a written whistleblower policy?	13	Yes
<b>14</b>	Did the organization have a written document retention and destruction policy?	14	Yes
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	15a	Yes
<b>b</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)		
<b>16a</b>	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>b</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  
**J THOMAS 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 CIARLARIELLO ..... DIRECTOR	5.00 .....	X						0	0	0
(4) DANIEL DAVIS ..... DIRECTOR	5.00 .....	X						0	0	0
(5) NICHOLAS EDWARDS ..... VICE CHAIR	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) J THOMAS MAULTSBY ..... PRESIDENT/CEO AND SECRETAR	40.00 .....	X		X				127,383	0	16,822
(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	40 00 .....			X				85,122	0	5,341

<b>1b</b>	<b>Sub-Total</b> . . . . .			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>d</b>	<b>Total (add lines 1b and 1c)</b> . . . . .	212,505	0	22,163

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

Section B. Independent Contractors

<b>1</b>	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
<b>2</b>	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	8,200,605				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .			8,200,605			
Program Service Revenue			Business Code					
	2a	CAMPAIGN ADMINISTRATIO	541900	195,223	195,223			
	b	INFORMATION & REFERRAL	624100	64,671	64,671			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .			259,894			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		32,565			32,565	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		b	Less rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		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) . . . . .						
	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 . . . . .			8,493,064	259,894	0	32,565	

**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
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,427,127	5,427,127		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	237,514	109,494	21,139	106,881
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	1,054,209	496,477	114,936	442,796
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	233,001	122,759	21,652	88,590
<b>9</b>	Other employee benefits . . . . .	195,327	92,303	16,878	86,146
<b>10</b>	Payroll taxes . . . . .	105,552	49,581	11,112	44,859
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	4,762	27	1,186	3,549
<b>c</b>	Accounting . . . . .	14,320	4,320	2,800	7,200
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	401,329	280,527	26,593	94,209
<b>12</b>	Advertising and promotion . . . . .	140,585	62,127	12,010	66,448
<b>13</b>	Office expenses . . . . .	166,883	155,083	3,189	8,611
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	173,862	99,193	12,914	61,755
<b>17</b>	Travel . . . . .	26,329	18,371	1,032	6,926
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	51,461	37,793	2,641	11,027
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	77,553		77,553	
<b>22</b>	Depreciation, depletion, and amortization . . . . .	11,996	3,599	2,399	5,998
<b>23</b>	Insurance . . . . .				
<b>24</b>	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.)				
<b>a</b>	ADMINISTRATION FEE - CF	65,641	0	16,410	49,231
<b>b</b>	TELEPHONE	22,931	12,978	2,192	7,761
<b>c</b>	ALL OTHER EXPENSES	16,049	9,106	1,217	5,726
<b>d</b>	POSTAGE AND SHIPPING	3,710	362	676	2,672
<b>e</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	8,430,141	6,981,227	348,529	1,100,385
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

☐

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing . . . . .			813,574	1	887,621	
	2	Savings and temporary cash investments . . . . .				2		
	3	Pledges and grants receivable, net . . . . .			3,130,485	3	3,072,622	
	4	Accounts receivable, net . . . . .			109,692	4	130,378	
	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 . . . . .			8,750	9	8,364	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	176,974	37,757	10c	41,982	
	b	Less—accumulated depreciation . . . . .	10b	134,992				
	11	Investments—publicly traded securities . . . . .				11		
	12	Investments—other securities. See Part IV, line 11 . . . . .			6,231,812	12	5,864,464	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13		
	14	Intangible assets . . . . .				14		
	15	Other assets. See Part IV, line 11 . . . . .			3,172,760	15	3,102,825	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			13,504,830	16	13,108,256		
Liabilities	17	Accounts payable and accrued expenses . . . . .			158,150	17	228,296	
	18	Grants payable . . . . .			4,874,537	18	4,498,653	
	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 . . . . .			6,132,687	26	5,826,949	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
		27	Unrestricted net assets . . . . .			1,575,867	27	1,654,592
28		Temporarily restricted net assets . . . . .			2,811,206	28	2,785,999	
29		Permanently restricted net assets . . . . .			2,985,070	29	2,840,716	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.								
30		Capital stock or trust principal, or current funds . . . . .				30		
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .				31		
32		Retained earnings, endowment, accumulated income, or other funds . . . . .				32		
33		Total net assets or fund balances . . . . .			7,372,143	33	7,281,307	
34		Total liabilities and net assets/fund balances . . . . .			13,504,830	34	13,108,256	

Part XI Reconciliation 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	8,493,064
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,430,141
3	Revenue less expenses Subtract line 2 from line 1	3	62,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,372,143
5	Net unrealized gains (losses) on investments	5	-153,759
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	7,281,307

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

**Additional Data**

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

**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**

(Code	) (Expenses \$	98,057	including grants of \$	) (Revenue \$	)
PREBLE AND GREENE COUNTY PROGRAM SERVICES					

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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 (Form 990 or 990-EZ))

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

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

11

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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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	10,956,202	10,003,329	8,945,471	8,751,239	8,200,605	46,856,846
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	10,956,202	10,003,329	8,945,471	8,751,239	8,200,605	46,856,846
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						46,856,846

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4	10,956,202	10,003,329	8,945,471	8,751,239	8,200,605	46,856,846
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,404	5,942	86,074	44,287	32,565	176,272
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 <b>Total support.</b> Add lines 7 through 10						47,033,118
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99 630 %
15	Public support percentage for 2014 Schedule A, Part II, line 14	15	99 620 %
16a	<b>33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input checked="" type="checkbox"/></span>		
b	<b>33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
17a	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
b	<b>10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>		



**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> 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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	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 <b>Part VI</b> .	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in <b>Part VI</b> 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.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div> <div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div> <div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div>	Yes	No
<div>a</div> <div>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? <i>If "Yes," then in <b>Part VI</b> 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.</i></div>		
<div>b</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div>		
<div>a</div> <div>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? <i>Provide details in Part VI.</i></div>		
<div>b</div> <div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div>		

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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) <input type="checkbox"/>		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . .			
<b>e</b> From 2014. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7 \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			

**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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

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" on 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" on 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)  
☐ Protection of natural habitat  
☐ Preservation of open space

☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, 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	b (c)Two years back	(d)Three years back	(e)Four years back	
1a	Beginning of year balance	3,637,060	3,689,070	3,274,258	3,042,014	3,222,563
b	Contributions					
c	Net investment earnings, gains, and losses	-217,445	102,043	563,992	375,461	-61,803
d	Grants or scholarships					
e	Other expenditures for facilities and programs	134,068	126,411	121,070	116,518	113,019
f	Administrative expenses		27,642	28,110	26,699	5,727
g	End of year balance	3,285,547	3,637,060	3,689,070	3,274,258	3,042,014

2

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

a

Board designated or quasi-endowment

13 540 %

b

Permanent endowment

86 460 %

c

Temporarily restricted endowment

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

3a

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

(i) unrelated organizations

(ii) related organizations

Yes

No

3a(i)

Yes

3a(ii)

No

b

If "Yes" on 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	176,974	134,992	41,982
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			41,982





Part II

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .		1	4,947,375
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		-153,759
e	Add lines 2a through 2d . . . . .		2e	-153,759
3	Subtract line 2e from line 1 . . . . .		3	5,101,134
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		3,391,930
c	Add lines 4a and 4b . . . . .		4c	3,391,930
5	Total revenue Add lines 3 and 4c.(This must equal Form 990, Part I, line 12 ) . . . . .		5	8,493,064

Part II

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .		1	5,038,211
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		-3,391,930
e	Add lines 2a through 2d . . . . .		2e	-3,391,930
3	Subtract line 2e from line 1 . . . . .		3	8,430,141
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	8,430,141

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

Schedule D (Form 990) 2015

**Part XIII**    **Supplemental Information** *(continued)*

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE -8,631    LOSS ON INVESTMENTS AT THE DAYTON FOUNDATION -101,280    LOSS ON PERPETUAL TRUSTS - 43,848
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 3,391,930
PART XII, LINE 2D - OTHER ADJUSTMENTS	DONOR DESIGNATIONS -3,391,930

# 2015

Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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
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**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
4 PAWS FOR ABILITY INC 253 DAYTON AVENUE XENIA, OH 45385	31-1625484	501(C)(3)	5,459				DONOR DESIGNATED GENERAL
4C FOR CHILDREN MIAMI VALLEY 1000 N KEOWEE ST DAYTON, OH 45404	31-0823634	501(C)(3)	92,025				PROGRAM OPERATING COSTS
4C FOR CHILDREN MIAMI VALLEY 1000 N KEOWEE ST DAYTON, OH 45404	31-0823634	501(C)(3)	3,700				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A SPECIAL WISH FOUNDATION - DAYTON CHAPTER 436 VALLEY ST DAYTON, OH 45404	31-1234314	501(C)(3)	16,780				DONOR DESIGNATED GENERAL
AFL-CIO LABOR FOOD PANTY 1675 WOODMAN DRIVE DAYTON, OH 45432	31-1757115	501(C)(3)	8,505				PROGRAM OPERATING COSTS
AFL-CIO LABOR FOOD PANTY 1675 WOODMAN DRIVE DAYTON, OH 45432	31-1757115	501(C)(3)	22,914				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AID FOR AFRICA 6909 RIDGEWOOD AVE CHEVY CHASE, MD 20815	06-1703295	501(C)(3)	5,493				DONOR DESIGNATED GENERAL
AMERICAN CANCER SOCIETY - DAYTON 2808 READING RD CINCINNATI, OH 45206	13-1788491	501(C)(3)	5,217				DONOR DESIGNATED GENERAL
AMERICAN NATIONAL RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	53-0196605	501(C)(3)	33,234				DONOR DESIGNATED GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON, OH 45402	31-0537493	501(C)(3)	77,597				PROGRAM OPERATING COSTS
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON, OH 45402	31-0537493	501(C)(3)	31,105				DONOR DESIGNATED GENERAL
AMERICAN VETERANS HERITAGE CENTER INC 4100 W THIRD STREET BUILDING 120 DAYTON, OH 45428	31-1745649	501(C)(3)	5,629				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICA'S CHARITIES 3608 GALLEY RD COLORADO SPRINGS, CO 80909	26-4130157	501(C)(3)	27,811				DONOR DESIGNATED GENERAL
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193389	501(C)(3)	53,610				DONOR DESIGNATED GENERAL
ANIMAL WELFARE LEAGUE OF CLARK COUNTY 701 BASSWOOD DRIVE SPRINGFIELD, OH 45504	31-6060287	501(C)(3)	8,551				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARTEMIS CENTER TO DOMESTIC VIOLENCE 310 W MONUMENT AVE DAYTON, OH 45402	31-1120194	501(C)(3)	48,081				PROGRAM OPERATING COSTS
ARTEMIS CENTER TO DOMESTIC VIOLENCE 310 W MONUMENT AVE DAYTON, OH 45402	31-1120194	501(C)(3)	28,298				DONOR DESIGNATED GENERAL
AULLWOOD'S FARM DISCOVERY CENTER 9101 FREDERICK PIKE DAYTON, OH 45414	31-0968010	501(C)(3)	5,325				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BEAVER CREEK WETLANDS ASSOCIATION INC PO BOX 42 ALPHA, OH 45301	31-1241944	501(C)(3)	8,135				DONOR DESIGNATED GENERAL
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC 22 SOUTH JEFFERSON STREET DAYTON, OH 45402	31-0641306	501(C)(3)	90,000				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC 22 SOUTH JEFFERSON STREET DAYTON, OH 45402	31-0641306	501(C)(3)	13,414				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOY SCOUTS OF AMERICA #439 TECUMSEH COUNCIL 326 SOUTH THOMPSON ROAD SPRINGFIELD, OH 45506	31-0536966	501(C)(3)	8,930				PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA #439 TECUMSEH COUNCIL 326 SOUTH THOMPSON ROAD SPRINGFIELD, OH 45506	31-0536966	501(C)(3)	16,029				DONOR DESIGNATED GENERAL
BOY SCOUTS OF AMERICA MIAMI VALLEY COUNCIL #444 7285 POE AVE DAYTON, OH 45414	31-0537124	501(C)(3)	21,901				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOYS & GIRLS CLUB OF DAYTON INC 1828 WEST STEWART ST DAYTON, OH 45417	31-0536657	501(C)(3)	171,575				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUB OF DAYTON INC 1828 WEST STEWART ST DAYTON, OH 45417	31-0536657	501(C)(3)	9,273				DONOR DESIGNATED GENERAL
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH AND END PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(C)(3)	26,660				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939	45-1679647	501(C)(3)	29,844				DONOR DESIGNATED GENERAL
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(C)(3)	149,177				PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(C)(3)	104,757				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHARITIES UNDER 1 OVERHEAD 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-3132554	501(C)(3)	17,158				DONOR DESIGNATED GENERAL
CHARITY WITHOUT BORDERS 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939	94-3148590	501(C)(3)	15,059				DONOR DESIGNATED GENERAL
CHILDREN FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186795	501(C)(3)	13,758				DONOR DESIGNATED GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3148588	501(C)(3)	22,665				DONOR DESIGNATED GENERAL
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-0093393	501(C)(3)	14,953				DONOR DESIGNATED GENERAL
CHRISTIAN AID USA 125 WASHINGTON STREET SUITE 201 SALEM, MA 01970	26-3070569	501(C)(3)	5,431				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3255961	501(C)(3)	17,708				DONOR DESIGNATED GENERAL
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	94-3193374	501(C)(3)	90,520				DONOR DESIGNATED GENERAL
CLOTHES THAT WORK 1133 SOUTH EDWIN C MOSES BLVD SUITE 392 DAYTON, OH 45417	31-1575093	501(C)(3)	8,334				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF THE GREATER DAYTON AREA 719 SOUTH MAIN STREET DAYTON, OH 45402	31-0709198	501(C)(3)	14,100				PROGRAM OPERATING COSTS
COMMUNITY ACTION PARTNERSHIP OF THE GREATER DAYTON AREA 719 SOUTH MAIN STREET DAYTON, OH 45402	31-0709198	501(C)(3)	1,652				DONOR DESIGNATED GENERAL
COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX ST ALEXANDRIA, WV 22314	13-6167225	501(C)(3)	136,248				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES OF OHIO P O BOX 759246 BALTIMORE, MD 21275	31-1055345	501(C)(3)	118,462				DONOR DESIGNATED GENERAL
COMMUNITY SHARES OF GREATER CINCINNATI 103 WILLIAM HOWARD TAFT RD CINCINNATI, OH 45219	31-1445067	501(C)(3)	10,036				DONOR DESIGNATED GENERAL
COMMUNITY SHARES OF MID OHIO 1699 WEST MOUND STREET COLUMBUS, OH 43223	31-1363943	501(C)(3)	9,340				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CONSERVATION AND PRESERVATION CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217738	501(C)(3)	8,084				DONOR DESIGNATED GENERAL
DAKOTA CENTER INC 33 BARNETT ST DAYTON, OH 45402	31-0731056	501(C)(3)	58,113				PROGRAM OPERATING COSTS
DAKOTA CENTER INC 33 BARNETT ST DAYTON, OH 45402	31-0731056	501(C)(3)	10,383				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAYBREAK INC 605 S PATTERSON BLVD DAYTON, OH 45402	31-0864474	501(C)(3)	94,500				PROGRAM OPERATING COSTS
DAYBREAK INC 605 S PATTERSON BLVD DAYTON, OH 45402	31-0864474	501(C)(3)	37,187				DONOR DESIGNATED GENERAL
DAYTON CHILDREN'S HOSPITAL ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C)(3)	26,871				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DAYTON CHRISTIAN CENTER INC 1352 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-1593146	501(C)(3)	9,000				PROGRAM OPERATING COSTS
DAYTON CHRISTIAN CENTER INC 1352 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-1593146	501(C)(3)	4,293				DONOR DESIGNATED GENERAL
DIABETES DAYTON 2555 S DIXIE DR SUITE 112 KETTERING, OH 45409	31-6084147	501(C)(3)	6,557				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIABETES DAYTON 2555 S DIXIE DR SUITE 112 KETTERING, OH 45409	31-6084147	501(C)(3)	16,289				DONOR DESIGNATED GENERAL
EARTHSHARE 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501(C)(3)	25,891				DONOR DESIGNATED GENERAL
EARTHSHARE CHAPTERS INC 122 W 27TH STREET 10TH FLOOR NEW YORK, NY 10001	27-3918694	501(C)(3)	9,106				DONOR DESIGNATED GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON, OH 45410	31-1508554	501(C)(3)	79,904				PROGRAM OPERATING COSTS
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON, OH 45410	31-1508554	501(C)(3)	7,487				DONOR DESIGNATED GENERAL
EDUCATIONAL MEDIA FOUNDATION 5700 WEST OAKS BLVD ROCKLIN, CA 95765	94-2816342	501(C)(3)	6,081				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ELIZABETH'S NEW LIFE CENTER INC DAYTON 2201 N MAIN ST DAYTON, OH 45405	31-1381901	501(C)(3)	21,547				DONOR DESIGNATED GENERAL
EPILEPSY FOUNDATION OF WESTERN OHIO 11 WEST MONUMENT AVENUE SUITE 101 DAYTON, OH 45402	31-0920600	501(C)(3)	12,239				PROGRAM OPERATING COSTS
EPILEPSY FOUNDATION OF WESTERN OHIO 11 WEST MONUMENT AVENUE SUITE 101 DAYTON, OH 45402	31-0920600	501(C)(3)	7,854				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
EQUITAS HEALTH 15 W FOURTH STREET SUITE 200 DAYTON, OH 45402	31-1126780	501(C)(3)	13,113				PROGRAM OPERATING COSTS
EQUITAS HEALTH 15 W FOURTH STREET SUITE 200 DAYTON, OH 45402	31-1126780	501(C)(3)	8,968				DONOR DESIGNATED GENERAL
FAIRBORN PRESCHOOL AND DAYCARE 100 N BROAD STREET FAIRBORN, OH 45324	31-0798490	501(C)(3)	5,981				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAIRBORN SENIOR CITIZENS ASSOCIATION INC 325 NORTH THIRD STREET FAIRBORN, OH 45324	31-0846949	501(C)(3)	8,930				PROGRAM OPERATING COSTS
FAIRBORN SENIOR CITIZENS ASSOCIATION INC 325 NORTH THIRD STREET FAIRBORN, OH 45324	31-0846949	501(C)(3)	3,345				DONOR DESIGNATED GENERAL
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	31-0561485	501(C)(3)	166,093				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	31-0561485	501(C)(3)	3,000				DONOR DESIGNATED GENERAL
FAMILY SERVICES WRIGHT PATTERSON AIR FORCE BASE 4651 HIALEAH PARK HUBER HEIGHTS, OH 45424	30-0298005	501(C)(3)	6,200				DONOR DESIGNATED GENERAL
FAMILY VIOLENCE PREVENTION CENTER OF GREENE COUNTY INC 380 BELLBROOK AVE XENIA, OH 45385	31-0992401	501(C)(3)	61,891				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY VIOLENCE PREVENTION CENTER OF GREENE COUNTY INC 380 BELLBROOK AVE XENIA, OH 45385	31-0992401	501(C)(3)	6,554				DONOR DESIGNATED GENERAL
FISHERNIGHTINGALE HOUSES INC PO BOX 33871 WRIGHTPATTERSON AFB, OH 45433	31-1313382	501(C)(3)	38,417				DONOR DESIGNATED GENERAL
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,842				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS OF WESTERN OHIO 450 SHOUP MILL ROAD DAYTON, OH 45415	31-0579673	501(C)(3)	8,237				DONOR DESIGNATED GENERAL
GLEN HELEN ASSOCIATION 405 CORRY STREET YELLOW SPRINGS, OH 45387	31-0963193	501(C)(3)	5,223				DONOR DESIGNATED GENERAL
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501(C)(3)	48,429				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOOD NEIGHBOR HOUSE 627 EAST FIRST STREET DAYTON, OH 45402	31-1374154	501(C)(3)	38,198				DONOR DESIGNATED GENERAL
GOODWILL EASTER SEALS OF MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(C)(3)	13,020				DONOR DESIGNATED GENERAL
GOSPEL MISSION INC 64 BURNS AVENUE PO BOX 1141 DAYTON, OH 45402	31-0543267	501(C)(3)	12,277				DONOR DESIGNATED GENERAL



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

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GRACE UNITED METHODIST CHURCH 1001 HARVARD BOULEVARD DAYTON, OH 45406	31-0543283	501(C)(3)	38,880				PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	31-0540159	501(C)(3)	23,765				PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	31-0540159	501(C)(3)	21,071				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER DAYTON VOLUNTEERS LAWYERS PROJECT 109 NORTH MAIN STREET DAYTON, OH 45402	31-1251172	501(C)(3)	7,574				DONOR DESIGNATED GENERAL
GREENE COUNTY COMMUNITY FOUNDATION 306 WHITTIER AVENUE FAIRBORN, OH 45324	31-1751001	501(C)(3)	1,792				DONOR DESIGNATED GENERAL
GREENE COUNTY COMMUNITY FOUNDATION 306 WHITTIER AVENUE FAIRBORN, OH 45324	31-1751001	501(C)(3)	35,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GREENE COUNTY HOUSING PROGRAM INC 1080 EAST MAIN STREET XENIA, OH 45385	47-2064370	501(C)(3)	35,720				PROGRAM OPERATING COSTS
GREENE MEDICAL FOUNDATION 1141 NORTH MONRE DRIVER XENIA, OH 45385	23-7419897	501(C)(3)	14,128				DONOR DESIGNATED GENERAL
HABITAT FOR HUMANITY OF GREATER DAYTON 115 WEST RIVERVIEW AVENUE DAYTON, OH 45405	31-1104456	501(C)(3)	17,010				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER DAYTON 115 WEST RIVERVIEW AVENUE DAYTON, OH 45405	31-1104456	501(C)(3)	31,644				DONOR DESIGNATED GENERAL
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501(C)(3)	65,335				DONOR DESIGNATED GENERAL
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	30-0186796	501(C)(3)	18,547				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HOME IS THE (HIT) FOUNDATION 1751 N BARRON STREET EATON, OH 45320	42-1580792	501(C)(3)	6,887				PROGRAM OPERATING COSTS
HOME IS THE (HIT) FOUNDATION 1751 N BARRON STREET EATON, OH 45320	42-1580792	501(C)(3)	922				DONOR DESIGNATED GENERAL
HOMEFULL 33 WEST FIRST STREET SUITE 100 DAYTON, OH 45402	31-1236989	501(C)(3)	60,000				PROGRAM OPERATING COSTS

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

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HOMEFULL 33 WEST FIRST STREET SUITE 100 DAYTON, OH 45402	31-1236989	501(C)(3)	13,347				DONOR DESIGNATED GENERAL
HONOR FLIGHT INC 300 EAST AUBURN AVENUE SPRINGFIELD, OH 45505	20-2751460	501(C)(3)	31,596				DONOR DESIGNATED GENERAL
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	31-1076425	501(C)(3)	12,758				PROGRAM OPERATING COSTS

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

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HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	31-1076425	501(C)(3)	36,734				DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS ROAD DAYTON, OH 45417	31-0537073	501(C)(3)	25,799				DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREENE COUNTY 187 BELLBROOK AVE XENIA, OH 45385	23-7146805	501(C)(3)	22,161				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KETTERING BACKPACK INC PO BOX 86 DAYTON, OH 45409	27-3441874	501(C)(3)	6,678				DONOR DESIGNATED GENERAL
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	23-7419897	501(C)(3)	28,590				DONOR DESIGNATED GENERAL
KETTERING SEVENTH DAY ADVENTIST CHURCH 3939 STONEBRIDGE ROAD KETTERING, OH 45419	31-1337536	501(C)(3)	35,633				DONOR DESIGNATED GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LEGAL AID OF WESTERN OHIO INC 130 WEST SECOND STREET SUITE 700 WEST DAYTON, OH 45402	34-1485732	501(C)(3)	84,073				PROGRAM OPERATING COSTS
LEGAL AID OF WESTERN OHIO INC 130 WEST SECOND STREET SUITE 700 WEST DAYTON, OH 45402	34-1485732	501(C)(3)	4,434				DONOR DESIGNATED GENERAL
LIFE ESSENTIALS INC 40 SOUTH PERRY STREET SUITE 130 DAYTON, OH 45402	31-1324922	501(C)(3)	8,742				PROGRAM OPERATING COSTS

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

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LIFE ESSENTIALS INC 40 SOUTH PERRY STREET SUITE 130 DAYTON, OH 45402	31-1324922	501(C)(3)	1,664				DONOR DESIGNATED GENERAL
LOCAL INDEPENDENT CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939	94-3042430	501(C)(3)	5,446				DONOR DESIGNATED GENERAL
MAKE-A-WISH FOUNDATION OF THE MID-SOUTH INC 1780 MORIAH WOODS BLVE SUITE 10 MEMPHIS, TN 38117	62-1253153	501(C)(3)	9,077				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET SUITE 201 SALEM, MA 01970	94-3148591	501(C)(3)	18,213				DONOR DESIGNATED GENERAL
MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST DAYTON, OH 45409	31-1040231	501(C)(3)	8,721				DONOR DESIGNATED GENERAL
MIAMI VALLEY WOMEN'S CENTER INC 2345 W STROOP RD DAYTON, OH 45439	31-1068733	501(C)(3)	14,216				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(C)(3)	65,380				DONOR DESIGNATED GENERAL
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-2242752	501(C)(3)	12,565				DONOR DESIGNATED GENERAL
NATIONAL BLACK FEDERATION OF CHARITIES 17 ACADEMY ST SUITE 309 NEWARK, NJ 07102	52-1764913	501(C)(3)	6,478				DONOR DESIGNATED GENERAL

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NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	52-0907625	501(C)(3)	5,319				DONOR DESIGNATED GENERAL
NRA CIVIL RIGHTS DEFENSE FUND 1125 WAPLES MILL RD FAIRFAX, VA 22030	52-1136665	501(C)(3)	5,818				DONOR DESIGNATED GENERAL
OAKWOOD UNIVERSITY 7000 ADVENTIST BOULEVARD NW HUNTSVILLE, AL 35896	63-0366652	501(C)(3)	6,871				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OHIO'S HOSPICE OF DAYTON 324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501(C)(3)	66,350				DONOR DESIGNATED GENERAL
OMEGA COMMUNITY DEVELOPMENT CORPORATION 1821 EMERSON AVENUE DAYTON, OH 45406	31-1561713	501(C)(3)	35,755				PROGRAM OPERATING COSTS
OMEGA COMMUNITY DEVELOPMENT CORPORATION 1821 EMERSON AVENUE DAYTON, OH 45406	31-1561713	501(C)(3)	599				DONOR DESIGNATED GENERAL

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PLANNED PARENTHOOD OF SOUTHWEST OHIO 224 NORTH WILKINSON DAYTON, OH 45402	31-0536688	501(C)(3)	9,083				DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	31-0830453	501(C)(3)	36,897				PROGRAM OPERATING COSTS
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	31-0830453	501(C)(3)	4,671				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT READ 444 WEST THIRD STREET DAYTON, OH 45402	23-7032312	501(C)(3)	17,011				PROGRAM OPERATING COSTS
PROJECT READ 444 WEST THIRD STREET DAYTON, OH 45402	23-7032312	501(C)(3)	6,826				DONOR DESIGNATED GENERAL
REACH OUT OF MONTGOMERY COUNTY 25 EAST FORAKER ST DAYTON, OH 45409	31-1434282	501(C)(3)	5,981				DONOR DESIGNATED GENERAL



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC 555 VALLEY ST DAYTON, OH 45404	31-0964793	501(C)(3)	16,818				DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	31-0592759	501(C)(3)	187,514				PROGRAM OPERATING COSTS
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	31-0592759	501(C)(3)	7,280				DONOR DESIGNATED GENERAL

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SHOES 4 THE SHOELESS INC 326 RIDGEWOOD AVE DAYTON, OH 45409	27-3371811	501(C)(3)	5,139				DONOR DESIGNATED GENERAL
SISCA PET THERAPY PROGRAM 2600 WILMINGTON PIKE DAYTON, OH 45419	23-7367199	501(C)(3)	25,318				DONOR DESIGNATED GENERAL
ST VINCENT DE PAUL SOCIAL SERVICES INC 124 WEST APPLETON ST DAYTON, OH 45402	31-1132259	501(C)(3)	76,546				DONOR DESIGNATED GENERAL

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

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ST VINCENT DEPAUL SOCIETY DISTRICT COUNCIL OF DAYTON OHIO 124 WEST APPLETT ST DAYTON, OH 45402	31-1011485	501(C)(3)	13,520				DONOR DESIGNATED GENERAL
SUICIDE PREVENTION CENTER INCORPORATED OF DAYTON OHIO P O BOX 1393 DAYTON, OH 45401	31-0905854	501(C)(3)	6,474				DONOR DESIGNATED GENERAL
TENTH LIFE 3944 BARBERRY BLVD BEAVERCREEK, OH 45440	31-1127562	501(C)(3)	21,267				DONOR DESIGNATED GENERAL

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FOODBANK INC 56 ARMOUR PLACE DAYTON, OH 45417	86-1082880	501(C)(3)	104,430				PROGRAM OPERATING COSTS
THE FOODBANK INC 56 ARMOUR PLACE DAYTON, OH 45417	86-1082880	501(C)(3)	63,069				DONOR DESIGNATED GENERAL
THE GRANDVIEW FOUNDATION 405 GRAND AVENUE DAYTON, OH 45405	31-1649591	501(C)(3)	12,079				DONOR DESIGNATED GENERAL

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THE SALVATION ARMY PO BOX 88517 INDIANAPOLIS, IN 46208	58-0660607	501(C)(3)	12,139				DONOR DESIGNATED GENERAL
THE SALVATION ARMY PO BOX 88517 INDIANAPOLIS, IN 46208	58-0660607	501(C)(3)	5,000				PROGRAM OPERATING COSTS
THE YMCA OF GREATER DAYTON 118 WEST FIRST STREET SUITE 300 DAYTON, OH 45402	31-0537517	501(C)(3)	79,887				PROGRAM OPERATING COSTS

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

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THE YMCA OF GREATER DAYTON 118 WEST FIRST STREET SUITE 300 DAYTON, OH 45402	31-0537517	501(C)(3)	19,243				DONOR DESIGNATED GENERAL
THINKTV 110 S JEFFERSON ST DAYTON, OH 45402	31-0858459	501(C)(3)	6,244				DONOR DESIGNATED GENERAL
UNIQUE AND NOTEWORTHY CHARITIES 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94145	46-3016556	501(C)(3)	6,170				DONOR DESIGNATED GENERAL

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UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	5,689				DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OF GREATER DAYTON 4710 OLD TROY PIKE DAYTON, OH 45424	31-0592919	501(C)(3)	116,942				PROGRAM OPERATING COSTS
UNITED REHABILITATION SERVICES OF GREATER DAYTON 4710 OLD TROY PIKE DAYTON, OH 45424	31-0592919	501(C)(3)	16,088				DONOR DESIGNATED GENERAL

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UNITED SERVICE ORGANIZATIONS INC (USO) 2111 WILSON BLVD SUITE 1200 ARLINGTON, VA 22201	13-1610451	501(C)(3)	10,124				DONOR DESIGNATED GENERAL
UNITED WAY GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C)(3)	6,508				DONOR DESIGNATED GENERAL
UNITED WAY OF BUTLER COUNTY OHIO 323 NORTH THIRD STREET HAMILTON, OH 45011	31-0734490	501(C)(3)	12,928				DONOR DESIGNATED GENERAL



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UNITED WAY OF CLARK CHAMPAIGN & MADISON COUNTIES 120 S CENTER STREET 2ND FLOOR SPRINGFIELD, OH 45502	31-0549095	501(C)(3)	28,985				DONOR DESIGNATED GENERAL
UNITED WAY OF CLINTON COUNTY 100 W MAIN ST UNIT 1 WILMINGTON, OH 45177	42-0698299	501(C)(3)	5,380				DONOR DESIGNATED GENERAL
UNITED WAY OF GREATER CINCINNATI & N KENTUCKY 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	7,826				DONOR DESIGNATED GENERAL

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNITED WAY OF METRO LOUISVILLE KENTUCKY 334 EAST BROADWAY PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	6,056				DONOR DESIGNATED GENERAL
UNITED WAY OF PIQUA OHIO PO BOX 631 PIQUA, OH 45356	31-0605173	501(C)(3)	10,291				DONOR DESIGNATED GENERAL
UNITED WAY OF TIPP CITY AREA INC 12 SOUTH THIRD STREET TIPP CITY, OH 45371	23-7120582	501(C)(3)	7,701				DONOR DESIGNATED GENERAL

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UNITED WAY OF TROY OHIO INC 233 SOUTH MARKET STREET TROY, OH 45373	31-0619209	501(C)(3)	34,220				DONOR DESIGNATED GENERAL
UNITED WAY OF WARREN COUNTY 3989 S STATE ROUTE 42 LEBANON, OH 45036	23-7132362	501(C)(3)	21,843				DONOR DESIGNATED GENERAL
WE CARE ARTS 3035 WILMINGTON PIKE DAYTON, OH 45429	31-1295721	501(C)(3)	10,845				DONOR DESIGNATED GENERAL

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WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259		101,707				PROGRAM OPERATING COSTS
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259		6,395				DONOR DESIGNATED GENERAL
WILD ANIMALS WORLDWIDE 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 94939	20-8774272		5,601				DONOR DESIGNATED GENERAL

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WISHFUL THINKING ENDEAVORS PO BOX 87 JAMESTOWN, OH 45335	26-3163226		5,489				DONOR DESIGNATED GENERAL
WOMEN CHILDREN AND FAMILY SERVICE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193386		9,201				DONOR DESIGNATED GENERAL
WOUNDED WARRIOR PROJECT WWP INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934		52,711				DONOR DESIGNATED GENERAL

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WOUNDED WARRIORS FAMILY SUPPORT 920 S 107TH AVE SUITE 250 OMAHA, NE 68114	20-1407520		6,773				DONOR DESIGNATED GENERAL
WRIGHT-PATTERSON AIR FORCE BASE EDUCATION FUND 7616 TORTUGA DR DAYTON, OH 45414	31-1137465		5,202				DONOR DESIGNATED GENERAL
WYSO 150 EAST SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387	26-1672457		21,354				DONOR DESIGNATED GENERAL

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XENIA ADULT RECREATION AND SERVICES CENTER 130 E CHURCH ST XENIA, OH 45385	38-1890999		31,120				PROGRAM OPERATING COSTS
XENIA ADULT RECREATION AND SERVICES CENTER 130 E CHURCH ST XENIA, OH 45385	38-1890999		7,112				DONOR DESIGNATED GENERAL
YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER 320 CORRY STREET YELLOW SPRINGS, OH 45387	31-6001024		31,020				PROGRAM OPERATING COSTS

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YWCA OF DAYTON 141 WEST THIRD ST DAYTON, OH 45402	31-0537168		152,973				PROGRAM OPERATING COSTS
YWCA OF DAYTON 141 WEST THIRD ST DAYTON, OH 45402	31-0537168		15,706				DONOR DESIGNATED GENERAL



**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
THE UNITED WAY OF THE GREATER DAYTON  
AREA**Employer identification number**

31-0536658

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE UNITED WAY HAS A FINANCE AND AUDIT COMMITTEE THAT MEETS THROUGHOUT THE FISCAL YEAR AND IS COMPRISED OF A TREASURER, OTHER BOARD OF DIRECTOR MEMBERS, AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS THE TREASURER REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE FULL BOARD OF TRUSTEES THE FINANCE AND AUDIT COMMITTEE HAS WORKING KNOWLEDGE OF THE FINANCIAL STATEMENTS, AUDIT PROCESS, AND FINANCIAL PROCEDURES THIS COMMITTEE REVIEWS AND APPROVES THE FORM 990 AS PART OF ITS MEETINGS PRIOR TO THE FILING THE FINANCIAL STATEMENTS ARE REVIEWED WITH THE BOARD OF TRUSTEES OR EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES MONTHLY THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE ALSO DISTRIBUTED TO THE BOARD OF TRUSTEES BEFORE FILING
FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, ORGANIZATION, AND VOLUNTEERS ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT THE POLICY STATEMENTS ARE RESIGNED ANNUALLY

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES PERIODICALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND KEY EMPLOYEES AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND AUDITED FINANCIAL STATEMENT ARE PUBLISHED ON THE UNITED WAY WEBSITE AND IS ALSO AVAILABLE BY REQUEST ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND ARE AVAILABLE BY REQUEST TO THE PUBLIC