

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the **2013** calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA		D Employer identification number ** - *** 6658
	Doing Business As		E Telephone number 937-225-3001
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	33 WEST FIRST STREET		500
City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45402		G Gross receipts \$ 9,408,719.	
F Name and address of principal officer: TOM MAULTSBY 33 WEST FIRST STREET SUITE 500, DAYTON, OH		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.DAYTON-UNITEDWAY.ORG		If "No," attach a list. (see instructions)	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1942	M State of legal domicile: OH
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF THE GREATER DAYTON AREA ENGAGES THE COMMUNITY TO SUPPORT A LOCAL NETWORK OF HEALTH AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	48
	6 Total number of volunteers (estimate if necessary)	6	4429
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	10,003,329.	8,945,471.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	409,936.	377,174.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,942.	86,074.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,419,207.	9,408,719.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	7,620,617.	6,552,824.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,121,123.	1,922,739.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,188,285.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	980,464.	763,206.
19 Revenue less expenses. Subtract line 18 from line 12	10,722,204.	9,238,769.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	-302,997.	169,950.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	13,026,966.	13,637,463.
		6,739,939.	6,291,360.
		6,287,027.	7,346,103.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	TOM MAULTSBY, PRESIDENT & CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TODD R. ROBERTS CPA	TODD R. ROBERTS CPA	01/29/15		P00197560
Preparer Use Only	Firm's name	Firm's EIN			
	BRADY, WARE & SCHOENFELD, INC.	** - *** 6702			
Firm's address		Phone no.			
ONE SOUTH MAIN STREET, SUITE 600 DAYTON, OH 45402-2088		(937) 223-5247			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO MEET HUMAN SERVICE NEEDS AND FIND LONG-TERM SOLUTIONS IN THE DAYTON REGION BY ENGAGING THE GREATEST NUMBER OF DONORS, LEADERS, AND VOLUNTEERS AND PARTNERING TO ADVANCE THE COMMON GOOD. UNITED WAY GENERATES FINANCIAL AND VOLUNTARY CONTRIBUTIONS TO

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 6,985,696. including grants of \$ 6,552,824.) (Revenue \$ 315,347.)
FUND ALLOCATIONS, DONOR DESIGNATIONS, AND VOLUNTEER CONNECTION:
UNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF EDUCATION, INCOME AND BASIC NEEDS, AND HEALTH AND WELL-BEING. KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND MAKE TOUGH DECISIONS ON HOW BEST TO MEET THE NEEDS AND FILL GAPS WITH GRANTS FROM UNITED WAY FUNDS. IN FISCAL YEAR 2014, THESE PROGRAMS SERVED MORE THAN 285,000 CHILDREN AND ADULTS IN THE DAYTON REGION. VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCE CENTER THAT PROVIDES OPPORTUNITIES FOR INDIVIDUALS OF ALL AGES TO MAKE AN IMPACT IN THE COMMUNITY. IN FISCAL 2014, VOLUNTEER CONNECTION ENGAGED APPROXIMATELY 4,429 VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES. ABOUT 5,016

4b (Code:) (Expenses \$ 517,502. including grants of \$ 0.) (Revenue \$ 61,827.)
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 2014, HELPLINK 2-1-1 PROVIDED 82,584 REFERRALS FOR VARIOUS NEEDS.

4c (Code:) (Expenses \$ 91,759. including grants of \$ 0.) (Revenue \$ 0.)
AFL-CIO COMMUNITY SERVICES PROVIDES AN EMERGENCY FOOD PANTRY AND OTHER SERVICES FOCUSED ON, BUT NOT LIMITED TO, DISLOCATED WORKERS AND THEIR FAMILIES: EMERGENCY FOOD; CASE MANAGEMENT, ESPECIALLY HELP NAVIGATING THE HUMAN SERVICE SYSTEM AND APPYLING FOR STATE AND FEDERAL BENEFITS INCLUDING THE EARNED INCOME TAX CREDIT; FINANCIAL LITERACY AND TEMPORARY FINANCIAL ASSISTANCE FOR RENT, UTILITIES, FORECLOSURE PREVENTION, AND/OR DEBT MANAGEMENT. IN FISCAL 2014, THE FOOD PANTRY PROVIDED APPROXIMATELY 73,000 MEALS TO 1,500 FAMILIES COMPRISED OF 4,900 FAMILY MEMBERS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 88,303. including grants of \$) (Revenue \$)

4e Total program service expenses 7,683,260.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
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>		X
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Form 990 (2013)

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 23		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 22		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
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		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X	
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	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: **TOM MAULTSBY - 937-225-3001**
33 WEST FIRST STREET SUITE 500, DAYTON, OH 45402

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, and 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 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 CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(2) PATRICK BUCHENROTH TREASURER	5.00	X		X				0.	0.	0.
(3) JULIA BELDEN DIRECTOR	5.00	X						0.	0.	0.
(4) SUE CIARRIELLO DIRECTOR	5.00	X						0.	0.	0.
(5) DANIEL DAVIS DIRECTOR	5.00	X						0.	0.	0.
(6) NICHOLAS EDWARDS DIRECTOR	5.00	X						0.	0.	0.
(7) DENNIS GRANT DIRECTOR	5.00	X						0.	0.	0.
(8) DANIEL KUGEL DIRECTOR	5.00	X						0.	0.	0.
(9) JAN LEPORE-JENTLESON DIRECTOR	5.00	X						0.	0.	0.
(10) DEBORAH LIEBERMAN DIRECTOR	5.00	X						0.	0.	0.
(11) CHARLES MORTON DIRECTOR	5.00	X						0.	0.	0.
(12) COLLEEN RYAN DIRECTOR	5.00	X						0.	0.	0.
(13) WILLIE THORPE DIRECTOR	5.00	X						0.	0.	0.
(14) COLONEL CASSIE BARLOW DIRECTOR	5.00	X						0.	0.	0.
(15) STEPHEN HERBERT VICE CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(16) THOMAS MAULTSBY PRESIDENT/CEO AND SECRETARY	40.00	X		X				129,974.	0.	14,811.
(17) MARK HEITKAMP DIRECTOR	5.00	X						0.	0.	0.

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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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JARROD MCNAUGHTON DIRECTOR	5.00	X						0.	0.	0.
(19) ANITA MOORE DIRECTOR	5.00	X						0.	0.	0.
(20) WAYNE MORRISON DIRECTOR	5.00	X						0.	0.	0.
(21) BETH RUBIN DIRECTOR	5.00	X						0.	0.	0.
(22) PHILLIP PARKER DIRECTOR	5.00	X						0.	0.	0.
(23) JOSE RODRIGUEZ DIRECTOR	5.00	X						0.	0.	0.
1b Sub-total								129,974.	0.	14,811.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								129,974.	0.	14,811.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
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>		X
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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 8,945,471.					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		8,945,471.				
Program Service Revenue	2 a <u>CAMPAIGN ADMINISTRATIO</u>	Business Code 541900	315,347.	315,347.			
	b <u>INFORMATION & REFERRAL</u>	624100	61,827.	61,827.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		377,174.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		86,074.			86,074.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a 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					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			9,408,719.	377,174.	0.	86,074.	

**THE UNITED WAY OF THE GREATER DAYTON
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,552,824.	6,552,824.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	318,045.	146,619.	28,306.	143,120.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,060,253.	480,576.	117,109.	462,568.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	246,409.	101,784.	23,021.	121,604.
9 Other employee benefits	195,130.	92,767.	15,712.	86,651.
10 Payroll taxes	102,902.	46,966.	10,864.	45,072.
11 Fees for services (non-employees):				
a Management				
b Legal	3,442.	297.	794.	2,351.
c Accounting	16,850.	1,155.	4,020.	11,675.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	182,321.	72,485.	21,233.	88,603.
12 Advertising and promotion	117,390.	52,847.	9,716.	54,827.
13 Office expenses	15,929.	3,720.	3,139.	9,070.
14 Information technology				
15 Royalties				
16 Occupancy	179,408.	89,469.	14,322.	75,617.
17 Travel	15,531.	5,229.	1,238.	9,064.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,940.	8,260.	1,655.	5,025.
20 Interest				
21 Payments to affiliates	93,792.		93,792.	
22 Depreciation, depletion, and amortization	13,845.	4,154.	2,769.	6,922.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATION FEE - CF	73,208.		18,302.	54,906.
b TELEPHONE	27,351.	14,865.	1,871.	10,615.
c POSTAGE AND SHIPPING	6,407.	611.	1,310.	4,486.
d ALL OTHER EXPENSES	2,792.	8,632.	-1,949.	-3,891.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,238,769.	7,683,260.	367,224.	1,188,285.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

THE UNITED WAY OF THE GREATER DAYTON
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Form 990 (2013)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	731,932.	1 684,657.
	2	Savings and temporary cash investments		2
	3	Pledges and grants receivable, net	3,858,605.	3 3,191,546.
	4	Accounts receivable, net	234,763.	4 204,717.
	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 instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	1,901.	9 8,782.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 164,320.	
	b	Less: accumulated depreciation	10b 127,392.	10c 36,928.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11	5,471,102.	12 6,276,145.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	2,679,850.	15 3,234,688.
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,026,966.	16 13,637,463.	
Liabilities	17	Accounts payable and accrued expenses	169,890.	17 158,934.
	18	Grants payable	5,470,049.	18 5,032,426.
	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	6,739,939.	26 6,291,360.
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	811,857.	27 1,378,907.
	28	Temporarily restricted net assets	2,767,698.	28 2,938,893.
	29	Permanently restricted net assets	2,707,472.	29 3,028,303.
	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	6,287,027.	33 7,346,103.
	34	Total liabilities and net assets/fund balances	13,026,966.	34 13,637,463.

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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	9,408,719.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,238,769.
3	Revenue less expenses. Subtract line 2 from line 1	3	169,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,287,027.
5	Net unrealized gains (losses) on investments	5	889,126.
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	7,346,103.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
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 _____		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization **THE UNITED WAY OF THE GREATER DAYTON AREA** Employer identification number **** - *** 6658**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,604,947.	10,840,106.	10,956,202.	10,003,329.	8,945,471.	51,350,055.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,604,947.	10,840,106.	10,956,202.	10,003,329.	8,945,471.	51,350,055.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						51,350,055.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	10,604,947.	10,840,106.	10,956,202.	10,003,329.	8,945,471.	51,350,055.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,542.	45,121.	7,404.	5,942.	86,074.	200,083.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						51,550,138.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	99.61 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.42 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Lined area for supplemental information.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number

-*6658

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number

**** - *** 6658**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	[REDACTED]	\$ 2,101,008.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	[REDACTED]	\$ 400,300.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	[REDACTED]	\$ 395,258.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	[REDACTED]	\$ 331,912.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	[REDACTED]	\$ 303,615.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	[REDACTED]	\$ 265,966.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization
THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number
****-***6658**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	[REDACTED]	\$ 209,762.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	[REDACTED]	\$ 194,111.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	[REDACTED]	\$ 185,548.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	[REDACTED]	\$ 180,665.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number ** - *** 6658
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number ** - *** 6658
--	--

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number
**** - *** 6658**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,274,258.	3,042,014.	3,222,563.	2,755,545.	2,580,838.
b Contributions					
c Net investment earnings, gains, and losses	563,992.	375,461.	-61,803.	613,154.	326,869.
d Grants or scholarships					
e Other expenditures for facilities and programs	121,070.	116,518.	113,019.	118,904.	125,669.
f Administrative expenses	28,110.	26,699.	5,727.	27,232.	26,493.
g End of year balance	3,689,070.	3,274,258.	3,042,014.	3,222,563.	2,755,545.

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

- a Board designated or quasi-endowment 17.95 %
- b Permanent endowment 82.05 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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		164,320.	127,392.	36,928.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,928.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MUNICIPAL BONDS	552,690.	END-OF-YEAR MARKET VALUE
(B) PERPETUAL INTEREST IN		
(C) TRUSTS	2,753,303.	END-OF-YEAR MARKET VALUE
(D) DAYTON FOUNDATION	2,970,152.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,276,145.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CASH SURRENDER VALUE OF LIFE INSURANCE	2,248,131.
(2) RESTRICTED CASH	986,557.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,234,688.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM DEFINED BENEFIT PLAN	
(3) OBLIGATION	1,100,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,100,000.

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	6,575,725.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	889,126.	
	e Add lines 2a through 2d	2e		889,126.
3	Subtract line 2e from line 1		3	5,686,599.
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	3,722,120.	
	c Add lines 4a and 4b	4c		3,722,120.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	9,408,719.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	5,516,649.
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	-3,722,120.	
	e Add lines 2a through 2d	2e		-3,722,120.
3	Subtract line 2e from line 1		3	9,238,769.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	9,238,769.

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.

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT CONSISTS OF TEMPORARILY AND PERMANENTLY RESTRICTED GIFTS WITH THE EARNINGS AVAILABLE TO SUPPORT THE MISSION OF THE UNITED WAY IN SUPPORTING HEALTH AND HUMAN SERVICE AGENCIES.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS IT HAS TAKEN, OR EXPECTS TO TAKE, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAXING AUTHORITY. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE BENEFIT ARISING FROM AN UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL

Part XIII Supplemental Information (continued)

STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2013.

THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2010, 2011, AND 2012 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE	78,135.
GAIN ON INVESTMENTS AT THE DAYTON FOUNDATION	400,218.
GAIN ON PERPETUAL TRUSTS	410,773.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	889,126.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	3,722,120.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	-3,722,120.
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization **THE UNITED WAY OF THE GREATER DAYTON AREA** Employer identification number **** - *** 6658**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 PAWS FOR ABILITY, INC. 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	** - *** 5484	501 (C) (3)	6,948.	0.			PROGRAM OPERATING COSTS
4C FOR CHILDREN 1924 DANA AVE CINCINNATI, OH 45207	** - *** 3634	501 (C) (3)	94,035.	0.			PROGRAM OPERATING COSTS
A SPECIAL WISH FOUNDATION, WESTERN OHIO REGIONAL CHAPTER - 436 VALLEY ST - DAYTON, OH 45404	** - *** 4314	501 (C) (3)	40,408.	0.			PROGRAM OPERATING COSTS
AFL-CIO LABOR FOOD PANTY 1675 WOODMAN DRIVE DAYTON, OH 45432	** - *** 7115	501 (C) (3)	26,209.	0.			PROGRAM OPERATING COSTS
AID FOR AFRICA 6909 RIDGEWOOD AVENUE CHEVY CHASE, MD 20815	** - *** 3295	501 (C) (3)	7,416.	0.			PROGRAM OPERATING COSTS
AIDS RESOURCE CENTER OHIO 4400 N HIGH STREET COLUMBUS, OH 43214	** - *** 6780	501 (C) (3)	17,507.	0.			PROGRAM OPERATING COSTS

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

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

Schedule I (Form 990) (2013)

THE UNITED WAY OF THE GREATER DAYTON
AREA

Schedule I (Form 990)

** - *** 6658

Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OHIO INC 15 W. FOURTH STREET DAYTON, OH 45402	*****6780	501(C) (3)	11,309.	0.			PROGRAM OPERATING COSTS
AIR FORCE MUSEUM FONDATION INC PO BOX 1903 WRIGHT-PATTERSON AFB, OH 45433	*****8800	501(C) (3)	7,638.	0.			PROGRAM OPERATING COSTS
ALMOST HOME DOG RESCUE OF OHIO, INC - 4672 ABERDEEN AVENUE - DUBLIN, OH 43016	*****1201	501(C) (3)	5,522.	0.			PROGRAM OPERATING COSTS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC., MV - 31 WEST WHIPP ROAD - CENTERVILLE, OH 45459	*****1867	501(C) (3)	5,507.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS 2025 E STREET NW WASHINGTON, DC 20006	*****6605	501(C) (3)	92,287.	0.			PROGRAM OPERATING COSTS
AMERICAN RED CROSS, DAYTON AREA CHAPTER - 370 W. FIRST ST - DAYTON, OH 45402	*****7493	501(C) (3)	212,099.	0.			PROGRAM OPERATING COSTS
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	*****4856	501(C) (3)	72,531.	0.			PROGRAM OPERATING COSTS
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****3389	501(C) (3)	77,242.	0.			PROGRAM OPERATING COSTS
ANIMAL WELFARE LEAGUE OF CLARK COUNTY - 701 BASSWOOD DRIVE - SPRINGFIELD, OH 45504	*****0287	501(C) (3)	11,854.	0.			PROGRAM OPERATING COSTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANSWERS IN GENESIS, INC. 2800 BULLITTSBURG CHURCH ROAD, PETERSBURG, KY 41080	*****6423	501(C) (3)	5,638.	0.			PROGRAM OPERATING COSTS
ANTIOCH UNIVERSITY 150 E. SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387	*****6640	501(C) (3)	9,373.	0.			PROGRAM OPERATING COSTS
ARTEMIS CENTER TO DOMESTIC VIOLENCE - 310 W. MONUMENT AVE. - DAYTON, OH 45402	*****0194	501(C) (3)	88,591.	0.			PROGRAM OPERATING COSTS
AULLWOOD AUDUBON CENTER AND FARM 1000 AULLWOOD ROAD DAYTON, OH 45414	*****8010	501(C) (3)	5,659.	0.			PROGRAM OPERATING COSTS
BEAVER CREEK WETLANDS ASSOCIATION INC - PHILLIPS PARK, DAYTON XENIA RD. - BEAVERCREEK, OH 45434	*****1944	501(C) (3)	9,856.	0.			PROGRAM OPERATING COSTS
BEST FRIENDS PET ASSISTED THERAPY INC. - 5177 OUTERVIEW DRIVE - SPRINGFIELD, OH 45502	*****3516	501(C) (3)	6,790.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC. - 2211 ARBOR BLVD - MORAINE, OH 45439	*****1306	501(C) (3)	127,789.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA, #439 TECUMSEH COUNCIL - 326 SOUTH THOMPSON ROAD - SPRINGFIELD, OH 45506	*****6966	501(C) (3)	43,292.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA, MIAMI VALLEY COUNCIL #444 - 7285 POE AVE - DAYTON, OH 45414	*****7124	501(C) (3)	39,260.	0.			PROGRAM OPERATING COSTS

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BOYS & GIRLS CLUB OF DAYTON, INC. 1828 WEST STEWART ST DAYTON, OH 45417	*****6657	501(C) (3)	147,650.	0.			PROGRAM OPERATING COSTS
CANCERCURE OF AMERICA: CARE, UNDERSTAND, - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****8432	501(C) (3)	31,126.	0.			PROGRAM OPERATING COSTS
CANCERCURE OF AMERICA: CARE, UNDERSTAND, RESEARCH AND END - PO BOX 45754 - SAN FRANCISCO, CA 94145	*****8432	501(C) (3)	21,600.	0.			PROGRAM OPERATING COSTS
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY - 922 WEST RIVERVIEW AVENUE - DAYTON, OH 45402	*****6645	501(C) (3)	308,566.	0.			PROGRAM OPERATING COSTS
CENTRAL STATE UNIVERSITY FOUNDATION - 1400 BRUSH ROW ROAD - WILBERFORCE, OH 45384	*****9885	501(C) (3)	7,611.	0.			PROGRAM OPERATING COSTS
CHARITIES UNDER 1% OVERHEAD 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2554	501(C) (3)	28,047.	0.			PROGRAM OPERATING COSTS
CHARITIES UNDER 5% OVERHEAD 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2492	501(C) (3)	8,880.	0.			PROGRAM OPERATING COSTS
CHILD AID INTERNATIONAL 125 WASHINGTON STREET, SUITE 201, SALEM, MA 01970	*****8458	501(C) (3)	5,281.	0.			PROGRAM OPERATING COSTS
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DRIVE, SUITE 110, - CHANTILLY, VA 20151	*****6795	501(C) (3)	26,986.	0.			PROGRAM OPERATING COSTS

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CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****8588	501(C) (3)	37,225.	0.			PROGRAM OPERATING COSTS
CHILDREN'S HUNGER ALLIANCE 370 S. FIFTH STREET COLUMBUS, OH 43215	*****3509	501(C) (3)	6,547.	0.			PROGRAM OPERATING COSTS
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****3393	501(C) (3)	37,292.	0.			PROGRAM OPERATING COSTS
CHILDREN'S MEDICAL CENTER OF DAYTON, THE - ONE CHILDREN'S PLAZA - DAYTON, OH 45404	*****2132	501(C) (3)	11,242.	0.			PROGRAM OPERATING COSTS
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****5961	501(C) (3)	81,565.	0.			PROGRAM OPERATING COSTS
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA, SUITE 220, ASHBURN, VA 20147	*****3374	501(C) (3)	146,223.	0.			PROGRAM OPERATING COSTS
CLOTHES THAT WORK 1133 SOUTH EDWIN C. MOSES BLVD SUIT DAYTON, OH 45417	*****5093	501(C) (3)	13,667.	0.			PROGRAM OPERATING COSTS
COMMUNITY ACTION PARTNERSHIP OF THE GREATER DAYTON AREA - 719 SOUTH MAIN STREET - DAYTON, OH 45402	*****9198	501(C) (3)	16,374.	0.			PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES 1240 N PITT STREET, THIRD FLOOR ALEXANDRIA, VA 22314	*****7225	501(C) (3)	242,938.	0.			PROGRAM OPERATING COSTS

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COMMUNITY HEALTH CHARITIES OF OHIO P O BOX 759246 BALTIMORE, MD 21275	*****5345	501(C) (3)	177,386.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHARES OF GREATER CINCINNATI - 103 WILLIAM HOWARD TAFT RD - CINCINNATI, OH 45219	*****5067	501(C) (3)	12,399.	0.			PROGRAM OPERATING COSTS
COMMUNITY SHARES OF MID OHIO 1699 WEST MOUND STREET COLUMBUS, OH 43223	*****3943	501(C) (3)	16,335.	0.			PROGRAM OPERATING COSTS
CONSERVATION & PRESERVATION CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****7738	501(C) (3)	21,782.	0.			PROGRAM OPERATING COSTS
CRAYONS TO CLASSROOMS 1511 KUNTZ ROAD DAYTON, OH 45404	*****4574	501(C) (3)	7,573.	0.			PROGRAM OPERATING COSTS
DAKOTA CENTER, INC. 33 BARNETT ST DAYTON, OH 45402	*****1056	501(C) (3)	76,370.	0.			PROGRAM OPERATING COSTS
DAYBREAK INC 605 S. PATTERSON BLVD DAYTON, OH 45402	*****4474	501(C) (3)	152,917.	0.			PROGRAM OPERATING COSTS
DAY-MONT BEHAVIORAL HEALTH CARE INC - 1520 GERMANTOWN ST - DAYTON, OH 45417	*****9904	501(C) (3)	5,750.	0.			PROGRAM OPERATING COSTS
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	*****7480	501(C) (3)	5,228.	0.			PROGRAM OPERATING COSTS

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DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	*****2132	501(C) (3)	24,944.	0.			PROGRAM OPERATING COSTS
DAYTON CHRISTIAN CENTER INC 1352 WEST RIVERVIEW AVENUE DAYTON, OH 45402	*****3146	501(C) (3)	12,879.	0.			PROGRAM OPERATING COSTS
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET, SUITE 210 DAYTON, OH 45402	*****0101	501(C) (3)	8,787.	0.			PROGRAM OPERATING COSTS
DAYTON PUBLIC RADIO INC WDPG-FM 89.9 - 126 N. MAIN STREET, #110 - DAYTON, OH 45402	*****7460	501(C) (3)	6,345.	0.			PROGRAM OPERATING COSTS
DAYTON URBAN MINISTRY CENTER 3665 OTTERBEIN AVENUE DAYTON, OH 45406	*****2732	501(C) (3)	21,934.	0.			PROGRAM OPERATING COSTS
DIABETES DAYTON 2555 S DIXIE DR KETTERING, OH 45409	*****4147	501(C) (3)	33,411.	0.			PROGRAM OPERATING COSTS
DO UNTO OTHERS: AMERICA'S EMERGENCY RELIEF, DEVELOPMENT AND HUMANITARIAN OU - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, -	*****8590	501(C) (3)	24,318.	0.			PROGRAM OPERATING COSTS
EARTHSHARE 7735 OLD GEORGETOWN ROAD, SUITE 900 BETHESDA, MD 20814	*****1960	501(C) (3)	42,644.	0.			PROGRAM OPERATING COSTS
EARTHSHARE OHIO 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	*****8694	501(C) (3)	13,177.	0.			PROGRAM OPERATING COSTS

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EAST END COMMUNITY SERVICES CORPORATION - 624 XENIA AVE - DAYTON, OH 45410	*****8554	501(C) (3)	91,280.	0.			PROGRAM OPERATING COSTS
EDUCATE AMERICA! 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****3387	501(C) (3)	10,061.	0.			PROGRAM OPERATING COSTS
EDUCATIONAL MEDIA FOUNDATION 5700 WEST OAKS BLVD., ROCKLIN, CA 95765	*****6342	501(C) (3)	8,032.	0.			PROGRAM OPERATING COSTS
ELIZABETH'S NEW LIFE CENTER INC DAYTON - 359 FOREST AVENUE, SUITE 203 - DAYTON, OH 45405	*****1901	501(C) (3)	28,704.	0.			PROGRAM OPERATING COSTS
ENON EMERGENCY RESCUE SQUAD 260 E MAIN STREET ENON, OH 45323	*****4624	501(C) (3)	5,214.	0.			PROGRAM OPERATING COSTS
EPILEPSY FOUNDATION OF WESTERN OHIO - 11 WEST MONUMENT AVENUE - DAYTON, OH 45402	*****0600	501(C) (3)	29,257.	0.			PROGRAM OPERATING COSTS
FAIRBORN PRESCHOOL AND DAYCARE 100 N. BROAD STREET FAIRBORN, OH 45324	*****8490	501(C) (3)	9,683.	0.			PROGRAM OPERATING COSTS
FAIRBORN SENIOR CITIZENS ASSOCIATION INC - 325 NORTH THIRD STREET - FAIRBORN, OH 45324	*****6949	501(C) (3)	15,977.	0.			PROGRAM OPERATING COSTS
FAIRHAVEN CHURCH 637 E. WHIPP ROAD CENTERVILLE, OH 45459	*****6597	501(C) (3)	10,000.	0.			PROGRAM OPERATING COSTS

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FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	*****1485	501(C) (3)	162,100.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICES WRIGHT-PATERSON AFB OH - 4651 HIALEAH PARK - HUBER HEIGHTS, OH 45424	*****8005	501(C) (3)	10,026.	0.			PROGRAM OPERATING COSTS
FAMILY VIOLENCE PREVENTION CENTER OF GREEN COUNTY INC. - 380 BELLBROOK AVE. - XENIA, OH 45385	*****2401	501(C) (3)	79,035.	0.			PROGRAM OPERATING COSTS
FISHER/NIGHTINGALE HOUSES, INC. P.O. BOX 33871 WRIGHT-PATERSON AFB, OH 45433	*****3382	501(C) (3)	61,376.	0.			PROGRAM OPERATING COSTS
FOOD FOR THE POOR, INC. 6401 LYONS ROAD, COCONUT CREEK, FL 33073	*****4510	501(C) (3)	7,643.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS OF WESTERN OHIO 450 SHOUP MILL ROAD DAYTON, OH 45415	*****9673	501(C) (3)	11,628.	0.			PROGRAM OPERATING COSTS
GLEN HELEN ASSOCIATION 405 CORRY STREET YELLOW SPRINGS, OH 45387	*****3193	501(C) (3)	7,601.	0.			PROGRAM OPERATING COSTS
GLOBAL IMPACT 66 CANAL CENTER PLAZA, SUITE 310, ALEXANDRIA, VA 22314	*****3585	501(C) (3)	60,844.	0.			PROGRAM OPERATING COSTS
GOOD NEIGHBOR HOUSE 627 EAST FIRST STREET DAYTON, OH 45402	*****4154	501(C) (3)	39,415.	0.			PROGRAM OPERATING COSTS

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GOODWILL EASTER SEALS OF MIAMI VALLEY - 1511 KUNTZ RD. - DAYTON, OH 45404	*****7112	501(C) (3)	18,070.	0.			PROGRAM OPERATING COSTS
GOSPEL MISSION, INC. 64 BURNS AVENUE DAYTON, OH 45402	*****3267	501(C) (3)	23,492.	0.			PROGRAM OPERATING COSTS
GRACE UNITED METHODIST CHURCH 1001 HARVARD BOULEVARD DAYTON, OH 45406	*****3283	501(C) (3)	24,445.	0.			PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	*****0159	501(C) (3)	63,396.	0.			PROGRAM OPERATING COSTS
GREATER DAYTON LABRADOR RETRIEVER RESCUE AND REFERRAL GROUP, INC. - 375 BAKER STREET - BROOKVILLE, OH 45309	*****8345	501(C) (3)	5,719.	0.			PROGRAM OPERATING COSTS
GREATER DAYTON VOLUNTEERS LAWYERS PROJECT - 610 PERFORMANCE PLACE - DAYTON, OH 45402	*****1172	501(C) (3)	7,237.	0.			PROGRAM OPERATING COSTS
GREENE COUNTY SPECIAL OLYMPICS 362 DARST ROAD DAYTON, OH 45440	*****5370	501(C) (3)	7,861.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF GREATER DAYTON - 115 WEST RIVERVIEW AVENUE - DAYTON, OH 45405	*****4456	501(C) (3)	46,154.	0.			PROGRAM OPERATING COSTS
HABITAT FOR HUMANITY OF GREENE COUNTY OHIO, INC. - 4919 LONGFORD RD. - DAYTON, OH 45424	*****2175	501(C) (3)	17,296.	0.			PROGRAM OPERATING COSTS

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HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****7739	501(C) (3)	109,107.	0.			PROGRAM OPERATING COSTS
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	*****6796	501(C) (3)	22,874.	0.			PROGRAM OPERATING COSTS
HOMEFULL 1133 S. EDWIN C. MOSES BLVD. SUITE DAYTON, OH 45417	*****6989	501(C) (3)	68,703.	0.			PROGRAM OPERATING COSTS
HONOR FLIGHT DAYTON, INC. 200 CANARY COURT ENON, OH 45323	*****6914	501(C) (3)	29,298.	0.			PROGRAM OPERATING COSTS
HOPE FOUNDATION OF GREATER DAYTON 1222 N. MAIN STREET DAYTON, OH 45405	*****3901	501(C) (3)	8,208.	0.			PROGRAM OPERATING COSTS
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	*****6425	501(C) (3)	49,259.	0.			PROGRAM OPERATING COSTS
HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA - 125 WASHINGTON STREET, SUITE 201, - SALEM, MA 01970	*****3388	501(C) (3)	6,998.	0.			PROGRAM OPERATING COSTS
HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****7804	501(C) (3)	9,603.	0.			PROGRAM OPERATING COSTS
HUMAN SERVICE CHARITIES OF AMERICA 44330 PREMIER PLAZA, SUITE 220, ASHBURN, VA 20147	*****0353	501(C) (3)	11,330.	0.			PROGRAM OPERATING COSTS

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HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS ROAD DAYTON, OH 45417	*****7073	501(C) (3)	28,575.	0.			PROGRAM OPERATING COSTS
HUMANE SOCIETY OF GREENE COUNTY 187 BELLBROOK AVENUE XENIA, OH 45385	*****6805	501(C) (3)	33,135.	0.			PROGRAM OPERATING COSTS
INTERFAITH HOSPITALITY NETWORK OF GREENE COUNTY - 124 SOUTH DETROIT STREET - XENIA, OH 45385	*****0758	501(C) (3)	9,136.	0.			PROGRAM OPERATING COSTS
JEWISH FEDERATION OF GREATER DAYTON INC - 525 VERSAILLES DRIVE - DAYTON, OH 45459	*****7488	501(C) (3)	19,700.	0.			PROGRAM OPERATING COSTS
KETTERING BACKPACK INC 3440 SHOYER ROAD KETTERING, OH 45429	*****1874	501(C) (3)	5,147.	0.			PROGRAM OPERATING COSTS
KETTERING MEDICAL CENTER FOUNDATION - 3535 SOUTHERN BLVD. - KETTERING, OH 45429	*****9897	501(C) (3)	19,382.	0.			PROGRAM OPERATING COSTS
KETTERING SEVENTH DAY ADVENTIST CHURCH - 3939 STONEBRIDGE ROAD - KETTERING, OH 45419	**-***7536	501(C) (3)	70,198.	0.			PROGRAM OPERATING COSTS
LEGAL AID OF WESTERN OHIO, INC. 130 WEST SECOND STREET DAYTON, OH 45402	*****5732	501(C) (3)	96,279.	0.			PROGRAM OPERATING COSTS
LIFE ESSENTIALS INC 40 SOUTH PERRY STREET DAYTON, OH 45402	*****4922	501(C) (3)	13,480.	0.			PROGRAM OPERATING COSTS

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MAKE A WISH FOUNDATION OF GREATER OHIO, KENTUCKY AND INDIANA, INC. - 2545 FARMERS DRIVE, SUITE 300 - COLUMBUS, OH 43235	*****1131	501(C) (3)	5,102.	0.			PROGRAM OPERATING COSTS
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET, SUITE 201, SALEM, MA 01970	*****8591	501(C) (3)	39,346.	0.			PROGRAM OPERATING COSTS
MENTAL HEALTH AND ADDICTION NETWORK - 32 CHURCH STREET, 2ND FLOOR, - SALEM, MA 01970	*****8397	501(C) (3)	5,858.	0.			PROGRAM OPERATING COSTS
MERCY MANOR INC 25 GROSVENOR AVE. DAYTON, OH 45417	*****7248	501(C) (3)	41,305.	0.			PROGRAM OPERATING COSTS
MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST. DAYTON, OH 45409	*****0231	501(C) (3)	6,558.	0.			PROGRAM OPERATING COSTS
MIAMI VALLEY WOMEN'S CENTER, INC. 2345 WEST STROOP RD. DAYTON, OH 45439	*****8733	501(C) (3)	19,732.	0.			PROGRAM OPERATING COSTS
MIAMISBURG YOUTH CENTER 224 EAST MAPLE MIAMISBURG, OH 45342	*****4260	501(C) (3)	9,426.	0.			PROGRAM OPERATING COSTS
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	*****3418	501(C) (3)	110,817.	0.			PROGRAM OPERATING COSTS
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2752	501(C) (3)	16,654.	0.			PROGRAM OPERATING COSTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL BLACK UNITED FUND 40 CLINTON ST. NEWARK, NJ 07102	*****0559	501(C) (3)	5,071.	0.			PROGRAM OPERATING COSTS
NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE., NW, WASHINGTON, DC 20001	*****7625	501(C) (3)	14,248.	0.			PROGRAM OPERATING COSTS
NRA CIVIL RIGHTS DEFENSE FUND 11250 WAPLES MILL ROAD,, FAIRFAX, VA 22030	*****6665	501(C) (3)	5,426.	0.			PROGRAM OPERATING COSTS
OMEGA CDC 1821 EMERSON AVE. DAYTON, OH 45406	*****1713	501(C) (3)	16,750.	0.			PROGRAM OPERATING COSTS
PLANNED PARENTHOOD OF SOUTHWEST OHIO KETTERIN-PHILIPS CENTER - 224 NORTH WILKINSON - DAYTON, OH 45402	*****6688	501(C) (3)	11,060.	0.			PROGRAM OPERATING COSTS
POSTAL EMPLOYEES RELIEF FUND 8 HERBERT STREET, ALEXANDRIA, VA 22305	*****6010	501(C) (3)	6,058.	0.			PROGRAM OPERATING COSTS
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	*****0453	501(C) (3)	44,460.	0.			PROGRAM OPERATING COSTS
PROJECT READ 444 WEST THIRD STREET DAYTON, OH 45402	*****2312	501(C) (3)	30,254.	0.			PROGRAM OPERATING COSTS
REACH OUT OF MONTGOMERY COUNTY 25 EAST FORAKER ST DAYTON, OH 45409	*****4282	501(C) (3)	7,202.	0.			PROGRAM OPERATING COSTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROBYNS NEST INC 4425 APPLETON PL KETTERING, OH 45440	*****2816	501(C) (3)	6,700.	0.			PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION, INC. - 555 VALLEY ST. - DAYTON, OH 45404	*****4793	501(C) (3)	26,741.	0.			PROGRAM OPERATING COSTS
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	*****2759	501(C) (3)	214,333.	0.			PROGRAM OPERATING COSTS
SHOES 4 THE SHOELESS, INC. 326 RIDGEWOOD AVE. DAYTON, OH 45409	*****1811	501(C) (3)	7,755.	0.			PROGRAM OPERATING COSTS
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STAY ANIMALS - 2600 WILMINGTON PK - KETTERING, OH 45419	*****7199	501(C) (3)	29,445.	0.			PROGRAM OPERATING COSTS
ST VINCENT DE PAUL SOCIAL SERVICES INC - 1133 S. EDWIN C. MOSES BLVD. STE 308 - DAYTON, OH 45417	*****2259	501(C) (3)	82,818.	0.			PROGRAM OPERATING COSTS
ST VINCENT DE PAUL SOCIETY, DISTRICT COUNCIL OF DAYTON OHIO INC. - 1133 S. EDWIN C. MOSES BLVD. STE 308 - DAYTON, OH 45417	*****1485	501(C) (3)	14,084.	0.			PROGRAM OPERATING COSTS
SUICIDE PREVENTION CENTER INCORPORATED OF DAYTON OHIO - P. O. BOX 1393 - DAYTON, OH 45401	*****5854	501(C) (3)	13,046.	0.			PROGRAM OPERATING COSTS
TENTH LIFE 3944 BARBERRY BLVD BEAVERCREEK, OH 45440	*****7562	501(C) (3)	36,090.	0.			PROGRAM OPERATING COSTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOODBANK, INC. 56 ARMOUR PLACE DAYTON, OH 45417	*****2880	501(C) (3)	179,782.	0.			PROGRAM OPERATING COSTS
THE GRANDVIEW FOUNDATION 405 GRAND AVENUE DAYTON, OH 45405	*****9591	501(C) (3)	19,397.	0.			PROGRAM OPERATING COSTS
THE HOSPICE OF DAYTON, INC. 324 WILMINGTON AVENUE DAYTON, OH 45420	*****3339	501(C) (3)	117,802.	0.			PROGRAM OPERATING COSTS
THE SALVATION ARMY, GREATER DAYTON AREA - 1000 N. KEOWEE ST. - DAYTON, OH 45404	*****2351	501(C) (3)	33,819.	0.			PROGRAM OPERATING COSTS
THE YMCA OF GREATER DAYTON 111 W. FIRST ST. STE 207 DAYTON, OH 45402	*****7517	501(C) (3)	61,948.	0.			PROGRAM OPERATING COSTS
THINK TV 110 S. JEFFERSON ST. DAYTON, OH 45402	*****8459	501(C) (3)	11,691.	0.			PROGRAM OPERATING COSTS
TIPP CITY AREA UNITED WAY INC 12 SOUTH THIRD STREET TIPP CITY, OH 45371	*****0582	501(C) (3)	23,252.	0.			PROGRAM OPERATING COSTS
UNIFIED HEALTH SOLUTIONS 3440 OFFICE PARK DR DAYTON, OH 45439	*****7292	501(C) (3)	133,122.	0.			PROGRAM OPERATING COSTS
UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	*****4241	501(C) (3)	9,890.	0.			PROGRAM OPERATING COSTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED REHABILITATION SERVICES OF GREATER DAYTON - 4710 OLD TROY PIKE - DAYTON, OH 45424	*****2919	501(C) (3)	141,506.	0.			PROGRAM OPERATING COSTS
UNITED SERVICE ORGANIZATIONS, INC. (USO) - 2111 WILSON BLVD., SUITE 1200, - ARLINGTON, VA 22201	*****0451	501(C) (3)	19,429.	0.			PROGRAM OPERATING COSTS
UNITED WAY GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	*****6654	501(C) (3)	8,868.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF BUTLER COUNTY OHIO 323 NORTH THIRD STREET HAMILTON, OH 45011	*****4490	501(C) (3)	33,722.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF CENTRAL OHIO, INC. 360 S. THIRD STREET COLUMBUS, OH 43215	*****3712	501(C) (3)	7,078.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF CLARK, CHAMPAIGN & MADISON COUNTIES - 120 S. CENTER STREET, 2ND FLOOR - SPRINGFIELD, OH 45502	*****9095	501(C) (3)	49,327.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF CLINTON COUNTY 100 W MAIN ST. UNIT 1 WILMINGTON, OH 45177	*****8000	501(C) (3)	5,036.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF DARKE COUNTY OHIO PO BOX 716 GREENVILLE, OH 45331	*****1444	501(C) (3)	9,194.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF GREATER CINCINNATI & N. KENTUCKY - 2400 READING ROAD - CINCINNATI, OH 45202	*****7502	501(C) (3)	7,932.	0.			PROGRAM OPERATING COSTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER LIMA INC 616 SOUTH COLLETT STREET LIMA, OH 45805	*****6356	501(C) (3)	6,375.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF MASON COUNTY - KENTUCKY - PO BOX 327 - MAYSVILLE, KY 41056	*****3927	501(C) (3)	12,020.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF PIQUA OHIO P.O. BOX 631 PIQUA, OH 45356	*****5173	501(C) (3)	15,969.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF TROY, OHIO, INC. 233 SOUTH MARKET STREET TROY, OH 45373	*****9209	501(C) (3)	51,616.	0.			PROGRAM OPERATING COSTS
UNITED WAY OF WARREN COUNTY 645 OAK ST. LEBANON, OH 45036	*****2362	501(C) (3)	41,813.	0.			PROGRAM OPERATING COSTS
VICTORIA THEATRE ASSOCIATION 138 NORTH MAIN STREET DAYTON, OH 45402	*****7638	501(C) (3)	5,245.	0.			PROGRAM OPERATING COSTS
WE CARE ARTS 3035 WILMINGTON PIKE DAYTON, OH 45429	*****5721	501(C) (3)	16,765.	0.			PROGRAM OPERATING COSTS
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	*****3259	501(C) (3)	85,501.	0.			PROGRAM OPERATING COSTS
WILD ANIMALS WORLDWIDE 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****4272	501(C) (3)	6,835.	0.			PROGRAM OPERATING COSTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WISHFUL THINKING ENDEAVORS 1090 KNOLL HAVEN DR. XENIA, OH 45385	*****3226	501(C) (3)	7,639.	0.			PROGRAM OPERATING COSTS
WOMANLINE OF DAYTON INC 301 EAST SIXTH STREET DAYTON, OH 45402	*****4873	501(C) (3)	11,714.	0.			PROGRAM OPERATING COSTS
WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****3386	501(C) (3)	16,016.	0.			PROGRAM OPERATING COSTS
WOUNDED WARRIOR PROJECT WWP INC. 4899 BELFORT ROAD JACKSONVILLE, FL 32256	*****0934	501(C) (3)	19,546.	0.			PROGRAM OPERATING COSTS
WRIGHT-PATTERSON AIR FORCE BASE EDUCATION FUND - 1470 RUNNYMEADE WAY - BEAVERCREEK, OH 45385	*****7465	501(C) (3)	8,832.	0.			PROGRAM OPERATING COSTS
WRIGHT-PATTERSON AIR FORCE BASE YOUTH PROGRAMS - 88FSS/FSFY 200 ALLBROOK DR. - WRIGHT-PATTERSON AFB, OH 45433	*****2399	501(C) (3)	6,072.	0.			PROGRAM OPERATING COSTS
XENIA ADULT RECREATION AND SERVICES CENTER - 130 E. CHURCH ST. - XENIA, OH 45385	*****0999	501(C) (3)	42,774.	0.			PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY COUNCIL PO BOX 274 YELLOW SPRINGS, OH 45387	*****9307	501(C) (3)	34,014.	0.			PROGRAM OPERATING COSTS
YWCA OF DAYTON 141 WEST THIRD ST. DAYTON, OH 45402	*****7168	501(C) (3)	212,187.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

THE UNITED WAY OF THE GREATER DAYTON
AREA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

Employer identification number
****-***6658**

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

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.

OMB No. 1545-0047

2013

Open to Public
Inspection

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

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number
-*6658

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMAN SERVICE AGENCIES AND INITIATIVES THAT MAKE LASTING CHANGES IN THE
MIAMI VALLEY. A VOLUNTEER-LED ORGANIZATION, UNITED WAY IS THE AREA'S
LARGEST PRIVATE FUNDER OF HEALTH AND HUMAN SERVICES, PRIMARILY PROVIDED
BY MORE THAN 70 LOCAL PARTNER AGENCIES IN MONTGOMERY, GREENE AND PREBLE
COUNTIES. UNITED WAY FOCUSES ON UNDERLYING CAUSES TO GET TO THE HEART
OF LOCAL PROBLEMS AND TO PREVENT THEM FROM HAPPENING IN THE FIRST PLACE
- SUCH AS PREPARING YOUTH TO SUCCEED IN SCHOOL TODAY AND IN THE JOBS OF
TOMORROW OR PREVENTING HOME FORECLOSURE AND HOMELESSNESS. OUR LOCAL
UNITED WAY ALSO CONNECTS PEOPLE IN NEED WITH SERVICES THROUGH HELPLINK
2-1-1 AND CONNECTS PEOPLE WITH VOLUNTEER OPPORTUNITIES THROUGH
VOLUNTEER CONNECTION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MEET LOCAL NEEDS AND MAKE LASTING IMPROVEMENT TO THE REGION'S QUALITY
OF LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

VOLUNTEER REFERRALS WERE MADE AND VOLUNTEERS CONTRIBUTED OVER 15,626
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).

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PREBLE AND GREENE COUNTY PROGRAM SERVICES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number **-***6658
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EXPENSES \$ 88,303. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE UNITED WAY HAS A FINANCE AND AUDIT COMMITTEE THAT MEETS MONTHLY AND IS COMPRISED OF A TREASURER, OTHER BOARD OF DIRECTOR MEMBERS, AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS. THE TREASURER REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE FULL BOARD OF TRUSTEES. THE FINANCE AND AUDIT COMMITTEE HAS WORKING KNOWLEDGE OF THE FINANCIAL STATEMENTS, AUDIT PROCESS, AND FINANCIAL PROCEDURES. THIS COMMITTEE REVIEWS AND APPROVES THE FORM 990 AS PART OF ITS MEETINGS PRIOR TO THE FILING. THE FINANCIAL STATEMENTS ARE REVIEWED WITH THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS MONTHLY. THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE ALSO DISTRIBUTED TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE UNITED WAY HAS A WRITTEN CODE OF CONDUCT POLICY WHICH INCLUDES CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, ORGANIZATION, AND VOLUNTEERS. ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY. AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT. THE POLICY STATEMENTS ARE RESIGNED ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE EXECUTIVE COMMITTEE OF THE BOARD PERIODICALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND KEY EMPLOYEES AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE

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

Employer identification number ** - *** 6658

NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: 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.