

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2014**  
Open to Public Inspection

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

**A** For the 2014 calendar year, or tax year beginning **JUL 1, 2014** and ending **JUN 30, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>33 WEST FIRST STREET 500</b> City or town, state or province, country, and ZIP or foreign postal code <b>DAYTON, OH 45402</b> <b>F</b> Name and address of principal officer: <b>TOM MAULTSBY</b> <b>33 WEST FIRST STREET SUITE 500, DAYTON, OH</b>	<b>D</b> Employer identification number  <b>** - *** 6658</b> <b>E</b> Telephone number <b>937-225-3001</b> <b>G</b> Gross receipts \$ <b>9,083,124.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.DAYTON-UNITEDWAY.ORG</b>		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1942</b>		<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF THE GREATER DAYTON AREA ENGAGES THE COMMUNITY TO SUPPORT A LOCAL NETWORK OF HEALTH AND</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right"><b>22</b></span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right"><b>21</b></span> <b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a) ..... <b>5</b> <span style="float:right"><b>48</b></span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right"><b>2375</b></span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right"><b>0.</b></span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right"><b>0.</b></span>																			
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>8,945,471.</b> <span style="float:right"><b>8,751,239.</b></span> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>377,174.</b> <span style="float:right"><b>287,598.</b></span> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>86,074.</b> <span style="float:right"><b>44,287.</b></span> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>9,408,719.</b> <span style="float:right"><b>9,083,124.</b></span>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Prior Year</th> <th style="width:33%;">Current Year</th> </tr> <tr> <td><b>8</b></td> <td><b>8,945,471.</b></td> <td><b>8,751,239.</b></td> </tr> <tr> <td><b>9</b></td> <td><b>377,174.</b></td> <td><b>287,598.</b></td> </tr> <tr> <td><b>10</b></td> <td><b>86,074.</b></td> <td><b>44,287.</b></td> </tr> <tr> <td><b>11</b></td> <td><b>0.</b></td> <td><b>0.</b></td> </tr> <tr> <td><b>12</b></td> <td><b>9,408,719.</b></td> <td><b>9,083,124.</b></td> </tr> </table>		Prior Year	Current Year	<b>8</b>	<b>8,945,471.</b>	<b>8,751,239.</b>	<b>9</b>	<b>377,174.</b>	<b>287,598.</b>	<b>10</b>	<b>86,074.</b>	<b>44,287.</b>	<b>11</b>	<b>0.</b>	<b>0.</b>	<b>12</b>	<b>9,408,719.</b>	<b>9,083,124.</b>
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>6,552,824.</b> <span style="float:right"><b>6,366,801.</b></span> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,922,739.</b> <span style="float:right"><b>1,816,295.</b></span> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <span style="float:right"><b>0.</b></span> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,127,608.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>763,206.</b> <span style="float:right"><b>912,046.</b></span> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>9,238,769.</b> <span style="float:right"><b>9,095,142.</b></span> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>169,950.</b> <span style="float:right"><b>-12,018.</b></span>																			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>13,637,463.</b> <span style="float:right"><b>13,504,830.</b></span> <b>21</b> Total liabilities (Part X, line 26) ..... <b>6,291,360.</b> <span style="float:right"><b>6,132,687.</b></span> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>7,346,103.</b> <span style="float:right"><b>7,372,143.</b></span>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;"></th> <th style="width:33%;">Beginning of Current Year</th> <th style="width:33%;">End of Year</th> </tr> <tr> <td><b>20</b></td> <td><b>13,637,463.</b></td> <td><b>13,504,830.</b></td> </tr> <tr> <td><b>21</b></td> <td><b>6,291,360.</b></td> <td><b>6,132,687.</b></td> </tr> <tr> <td><b>22</b></td> <td><b>7,346,103.</b></td> <td><b>7,372,143.</b></td> </tr> </table>		Beginning of Current Year	End of Year	<b>20</b>	<b>13,637,463.</b>	<b>13,504,830.</b>	<b>21</b>	<b>6,291,360.</b>	<b>6,132,687.</b>	<b>22</b>	<b>7,346,103.</b>	<b>7,372,143.</b>						
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**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.

<b>Sign Here</b>	Signature of officer <b>TOM MAULTSBY, PRESIDENT &amp; CEO</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TODD R. ROBERTS CPA</b>	Preparer's signature <b>TODD R. ROBERTS CPA</b>	Date <b>02/04/16</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00197560</b>
	Firm's name ▶ <b>BRADY, WARE &amp; SCHOENFELD, INC.</b>	Firm's EIN ▶ <b>** - *** 6702</b>			
	Firm's address ▶ <b>3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342</b>		Phone no. (937) 223-5247		

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

**Part III Statement of Program Service Accomplishments**

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

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

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

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

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

4a (Code: ) (Expenses \$ 6,664,478. including grants of \$ 6,366,801. ) (Revenue \$ 227,804. )  
FUND ALLOCATIONS, DONOR DESIGNATIONS, AND VOLUNTEER CONNECTION:  
UNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF EDUCATION, INCOME AND BASIC NEEDS, AND HEALTH AND WELL-BEING. KNOWLEDGEABLE VOLUNTEERS STUDY THE COMMUNITY NEEDS AND MAKE TOUGH DECISIONS ON HOW BEST TO MEET THE NEEDS AND FILL GAPS WITH GRANTS FROM UNITED WAY FUNDS. IN FISCAL YEAR 2015, THESE PROGRAMS SERVED MORE THAN 285,000 CHILDREN AND ADULTS IN THE DAYTON REGION. VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCE CENTER THAT PROVIDES OPPORTUNITIES FOR INDIVIDUALS OF ALL AGES TO MAKE AN IMPACT IN THE COMMUNITY. IN FISCAL 2015, VOLUNTEER CONNECTION ENGAGED VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES. ABOUT 2,375 VOLUNTEER REFERRALS WERE MADE AND

4b (Code: ) (Expenses \$ 491,820. including grants of \$ ) (Revenue \$ 59,794. )  
UNITED WAY'S HELPLINK 2-1-1 IS A FREE AND CONFIDENTIAL INFORMATION AND REFERRAL SERVICE PROVIDED 24-HOURS-A-DAY, 365-DAYS-A-YEAR. HELPLINK 2-1-1 MAINTAINS THE REGION'S MOST COMPREHENSIVE DATABASE OF HEALTH AND HUMAN SERVICES AND IS CONNECTED WITH SERVICES THROUGHOUT THE STATE AND COUNTY. HELPLINK OFFERS INFORMATION, REFERRALS, ADVOCACY AND SCHEDULES APPOINTMENTS FOR THE EARNED INCOME TAX CREDIT PROGRAM AND CONDUCTS OUTREACH TO DISLOCATED WORKERS AND THEIR FAMILIES. HELPLINK 2-1-1 PROVIDES AN AFTER-HOUR ANSWERING SERVICE FOR NONPROFIT AND GOVERNMENT AGENCIES AND CASE CONSULTATION SERVICE FOR FAITH BASED ORGANIZATIONS. IN FISCAL 2015, HELPLINK 2-1-1 PROVIDED 83,784 REFERRALS FOR VARIOUS NEEDS.

4c (Code: ) (Expenses \$ 355,997. including grants of \$ 0. ) (Revenue \$ 0. )  
DURING FISCAL YEAR 2015, THE UNITED WAY OF THE GREATER DAYTON AREA, THROUGH THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM, SERVED 460 STUDENTS AT SEVEN SITES THROUGHOUT MONTGOMERY COUNTY, OHIO. DURING THE SUMMER BREAK FROM SCHOOL, THE FREEDOM SCHOOLS PROGRAM PROVIDES READING AND LEARNING ENRICHMENT AND PLAYS A MUCH NEEDED ROLE IN HELPING TO CURB SUMMER LEARNING LOSS AND CLOSE ACHIEVMENT GAPS.

4d Other program services (Describe in Schedule O.)  
(Expenses \$ 104,515. including grants of \$ ) (Revenue \$ )

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

**THE UNITED WAY OF THE GREATER DAYTON  
AREA**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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> .....		<b>X</b>
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 22		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 21		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**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, address, and telephone number of the person who possesses the organization's books and records: **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 PAST IMMEDIATE CHAIR	5.00	X						0.	0.	0.
(2) JULIA BELDEN TREASURER	5.00	X		X				0.	0.	0.
(3) SUE CIARRIELLO DIRECTOR	5.00	X						0.	0.	0.
(4) DANIEL DAVIS DIRECTOR	5.00	X						0.	0.	0.
(5) NICHOLAS EDWARDS VICE CHAIR OF THE BOARD	5.00	X						0.	0.	0.
(6) DENNIS GRANT DIRECTOR	5.00	X						0.	0.	0.
(7) JAN LEPORE-JENTLESON DIRECTOR	5.00	X						0.	0.	0.
(8) DEBORAH LIEBERMAN DIRECTOR	5.00	X						0.	0.	0.
(9) CHARLES MORTON DIRECTOR	5.00	X						0.	0.	0.
(10) COLLEEN RYAN DIRECTOR	5.00	X						0.	0.	0.
(11) WILLIE THORPE DIRECTOR	5.00	X						0.	0.	0.
(12) STEPHEN HERBERT CHAIR OF THE BOARD	5.00	X		X				0.	0.	0.
(13) THOMAS MAULTSBY PRESIDENT/CEO AND SECRETAR	40.00	X		X				130,350.	0.	16,468.
(14) MARK HEITKAMP DIRECTOR	5.00	X						0.	0.	0.
(15) JARROD MCNAUGHTON DIRECTOR	5.00	X						0.	0.	0.
(16) PHILLIP PARKER DIRECTOR	5.00	X						0.	0.	0.
(17) JOSE RODRIGUEZ DIRECTOR	5.00	X						0.	0.	0.

**THE UNITED WAY OF THE GREATER DAYTON  
AREA**

**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) KIMBERLY BARRETT DIRECTOR	5.00	X					0.	0.	0.	
(19) PAUL BENSON DIRECTOR	5.00	X					0.	0.	0.	
(20) TAMMY LUNDSTROM DIRECTOR	5.00	X					0.	0.	0.	
(21) EVAN KLOTH DIRECTOR	5.00	X					0.	0.	0.	
(22) BILL VOSKUHL DIRECTOR	5.00	X					0.	0.	0.	
(23) JUDY THOMPSON DIRECTOR	5.00	X					0.	0.	0.	
(24) BRENT BYERLY VICE PRESIDENT OF FINANCE AND BUSINE	40.00			X			52,308.	0.	2,716.	
<b>1b Sub-total</b>							182,658.	0.	19,184.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							182,658.	0.	19,184.	

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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
<b>5</b> 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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,751,239.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		8,751,239.				
<b>Program Service Revenue</b>	<b>2 a</b> <b>CAMPAIGN ADMINISTRATIO</b>	<b>Business Code</b>					
		541900	227,804.	227,804.			
	<b>b</b> <b>INFORMATION &amp; REFERRAL</b>	624100	59,794.	59,794.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		287,598.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		44,287.			44,287.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> .....							
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions. ....			9,083,124.	287,598.	0.	44,287.	

THE UNITED WAY OF THE GREATER DAYTON

AREA

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,366,801.	6,366,801.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,531.	96,133.	18,559.	93,839.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,106,053.	488,355.	124,796.	492,902.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	225,126.	106,499.	21,186.	97,441.
9 Other employee benefits	171,367.	73,476.	15,595.	82,296.
10 Payroll taxes	105,218.	47,583.	11,206.	46,429.
11 Fees for services (non-employees):				
a Management				
b Legal	1,845.		461.	1,384.
c Accounting	16,900.	5,070.	3,380.	8,450.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	211,601.	101,092.	23,076.	87,433.
12 Advertising and promotion	103,446.	44,666.	8,309.	50,471.
13 Office expenses	134,561.	121,980.	3,252.	9,329.
14 Information technology				
15 Royalties				
16 Occupancy	173,595.	91,238.	13,298.	69,059.
17 Travel	41,910.	34,425.	1,084.	6,401.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,575.	11,460.	2,187.	7,928.
20 Interest				
21 Payments to affiliates	80,596.		80,596.	
22 Depreciation, depletion, and amortization	10,763.	3,229.	2,153.	5,381.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ADMINISTRATION FEE - CF	69,083.		17,271.	51,812.
b TELEPHONE	20,009.	12,165.	1,574.	6,270.
c ALL OTHER EXPENSES	18,780.	12,204.	1,200.	5,376.
d POSTAGE AND SHIPPING	7,382.	434.	1,541.	5,407.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	9,095,142.	7,616,810.	350,724.	1,127,608.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

THE UNITED WAY OF THE GREATER DAYTON  
AREA

Form 990 (2014)

\*\* - \*\*\*6658 Page 11

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	684,657.	<b>1</b>	813,574.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	3,191,546.	<b>3</b>	3,130,485.
	<b>4</b> Accounts receivable, net .....	204,717.	<b>4</b>	109,692.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	8,782.	<b>9</b>	8,750.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 172,161.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 134,404.	36,928.	<b>10c</b> 37,757.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,276,145.	<b>12</b>	6,231,812.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,234,688.	<b>15</b>	3,172,760.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	13,637,463.	<b>16</b>	13,504,830.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	158,934.	<b>17</b>	158,150.
	<b>18</b> Grants payable .....	5,032,426.	<b>18</b>	4,874,537.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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.	<b>25</b>	1,100,000.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,291,360.	<b>26</b>	6,132,687.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,378,907.	<b>27</b>	1,575,867.
	<b>28</b> Temporarily restricted net assets .....	2,938,893.	<b>28</b>	2,811,206.
	<b>29</b> Permanently restricted net assets .....	3,028,303.	<b>29</b>	2,985,070.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	7,346,103.	<b>33</b>	7,372,143.	
<b>34</b> Total liabilities and net assets/fund balances .....	13,637,463.	<b>34</b>	13,504,830.	

Form 990 (2014)

**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	9,083,124.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,095,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	-12,018.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,346,103.
5	Net unrealized gains (losses) on investments	5	38,058.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,372,143.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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 (2014)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	10,840,106.	10,956,202.	10,003,329.	8,945,471.	8,751,239.	49,496,347.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	10,840,106.	10,956,202.	10,003,329.	8,945,471.	8,751,239.	49,496,347.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						49,496,347.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	10,840,106.	10,956,202.	10,003,329.	8,945,471.	8,751,239.	49,496,347.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	45,121.	7,404.	5,942.	86,074.	44,287.	188,828.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						49,685,175.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.62 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	99.61 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** 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).

Multiple horizontal lines 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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) (2014)

Name of organization <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number ** - *** 6658
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**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
2		\$ 391,583.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 335,004.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 322,166.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 330,480.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 251,244.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
7		\$ 181,637.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number ** - *** 6658
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**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
8		\$ 182,051.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 192,758.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1		\$ 2,299,604.	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.)
		\$ _____	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 <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number <p style="text-align: center;">**-***6658</p>
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**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 <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number ** - *** 6658
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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.**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

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

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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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 a 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) Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenue included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,689,070.	3,274,258.	3,042,014.	3,222,563.	2,755,545.
b Contributions					
c Net investment earnings, gains, and losses	102,043.	563,992.	375,461.	-61,803.	613,154.
d Grants or scholarships					
e Other expenditures for facilities and programs	126,411.	121,070.	116,518.	113,019.	118,904.
f Administrative expenses	27,642.	28,110.	26,699.	5,727.	27,232.
g End of year balance	3,637,060.	3,689,070.	3,274,258.	3,042,014.	3,222,563.

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

- a Board designated or quasi-endowment  17.93 %
- b Permanent endowment  82.07 %
- 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		172,161.	134,404.	37,757.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				37,757.

**Part VII Investments - Other Securities.**

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

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

**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)		
<b>Total.</b> (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	2,144,298.
(2) RESTRICTED CASH	1,028,462.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>3,172,760.</b>

**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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,100,000.</b>

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	5,241,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-3,854,068.	
e	Add lines 2a through 2d	2e		-3,854,068.
3	Subtract line 2e from line 1		3	9,095,142.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,095,142.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

**Part XIII** Supplemental Information (continued)

"MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2015.

THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2011, 2012, AND 2013 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE	-103,833.
GAIN ON INVESTMENTS AT THE DAYTON FOUNDATION	91,127.
GAIN ON PERPETUAL TRUSTS	50,764.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	38,058.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	3,854,068.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	-3,854,068.
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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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

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

Employer identification number  
**\*\* - \*\*\* 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
4 PAWS FOR ABILITY, INC. 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****5484	501(C)(3)	6,312.	0.			DONOR DESIGNATED GENERAL
A SPECIAL WISH FOUNDATION, WESTERN OHIOREGIONAL CHAPTER - 436 VALLEY ST - DAYTON, OH 45404	*****4314	501(C)(3)	22,722.	0.			DONOR DESIGNATED GENERAL
AFL-CIO LABOR FOOD PANTY 1675 WOODMAN DRIVE DAYTON, OH 45432	*****7115	501(C)(3)	8,831.	0.			DONOR DESIGNATED GENERAL
AFL-CIO LABOR FOOD PANTY 1675 WOODMAN DRIVE DAYTON, OH 45432	*****7115	501(C)(3)	18,000.	0.			PROGRAM OPERATING COSTS
AIDS RESOURCE CENTER OHIO INC 15 W. FOURTH STREET SUITE 200 DAYTON, OH 45402	*****6780	501(C)(3)	9,872.	0.			DONOR DESIGNATED GENERAL
AIDS RESOURCE CENTER OHIO INC 15 W. FOURTH STREET SUITE 200 DAYTON, OH 45402	*****6780	501(C)(3)	13,950.	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) (2014)

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
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC., MV - 31 WEST WHIPP ROAD - CENTERVILLE, OH 45459	*****1867	501(C) (3)	5,184.	0.			DONOR DESIGNATED GENERAL
AMERICAN CANCER SOCIETY 40 SOUTH PERRY STREET SUITE 120 DAYTON, OH 45402	*****8491	501(C) (3)	5,141.	0.			DONOR DESIGNATED GENERAL
AMERICAN CHARITIES 3608 GALLEY RD. COLORADO SPRINGS, CO 80909	*****0157	501(C) (3)	27,319.	0.			DONOR DESIGNATED GENERAL
AMERICAN RED CROSS, DAYTON AREA CHAPTER - 370 W. FIRST ST - DAYTON, OH 45402	*****7493	501(C) (3)	91,713.	0.			DONOR DESIGNATED GENERAL
AMERICAN RED CROSS, DAYTON AREA CHAPTER - 370 W. FIRST ST - DAYTON, OH 45402	*****7493	501(C) (3)	95,216.	0.			PROGRAM OPERATING COSTS
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****3389	501(C) (3)	51,985.	0.			DONOR DESIGNATED GENERAL
ANIMAL WELFARE LEAGUE OF CLARK COUNTY - 701 BASSWOOD DRIVE - SPRINGFIELD, OH 45504	*****0287	501(C) (3)	8,694.	0.			DONOR DESIGNATED GENERAL
ANTIOCH UNIVERSITY 150 E. SOUTH COLLEGE STREET YELLOW SPRINGS, OH 45387	*****6640	501(C) (3)	14,306.	0.			DONOR DESIGNATED GENERAL
ARTEMIS CENTER TO DOMESTIC VIOLENCE 310 W. MONUMENT AVE. DAYTON, OH 45402	*****0194	501(C) (3)	27,064.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

THE UNITED WAY OF THE GREATER DAYTON

Schedule I (Form 990)

AREA

\*\* - \*\*\*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
ARTEMIS CENTER TO DOMESTIC VIOLENCE 310 W. MONUMENT AVE. DAYTON, OH 45402	*****0194	501(C) (3)	51,150.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC - 2211 ARBOR BLVD - MORAINES, OH 45439	*****1306	501(C) (3)	17,259.	0.			DONOR DESIGNATED GENERAL
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC - 2211 ARBOR BLVD - MORAINES, OH 45439	*****1306	501(C) (3)	90,000.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA, #439 TECUMSEH COUNCIL - 326 SOUTH THOMPSON ROAD - SPRINGFIELD, OH 45506	*****6966	501(C) (3)	17,807.	0.			DONOR DESIGNATED GENERAL
BOY SCOUTS OF AMERICA, #439 TECUMSEH COUNCIL - 326 SOUTH THOMPSON ROAD - SPRINGFIELD, OH 45506	*****6966	501(C) (3)	9,500.	0.			PROGRAM OPERATING COSTS
BOY SCOUTS OF AMERICA, MIAMI VALLEY COUNCIL #444 - 7285 POE AVE - DAYTON, OH 45414	*****7124	501(C) (3)	25,428.	0.			DONOR DESIGNATED GENERAL
BOYS & GIRLS CLUB OF DAYTON, INC. 1828 WEST STEWART ST DAYTON, OH 45417	*****6657	501(C) (3)	17,142.	0.			DONOR DESIGNATED GENERAL
BOYS & GIRLS CLUB OF DAYTON, INC. 1828 WEST STEWART ST DAYTON, OH 45417	*****6657	501(C) (3)	171,048.	0.			PROGRAM OPERATING COSTS
CANCER CURE OF AMERICA: CARE, UNDERSTAND, RESEARCH AND END - PO BOX 45754 - SAN FRANCISCO, CA 94145	*****8432	501(C) (3)	32,509.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

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.)

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CATHOLIC SOCIAL SERVICES 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	*****6645	501(C) (3)	112,287.	0.			DONOR DESIGNATED GENERAL
CATHOLIC SOCIAL SERVICES 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	*****6645	501(C) (3)	156,051.	0.			PROGRAM OPERATING COSTS
CHARITIES UNDER 1% OVERHEAD 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2554	501(C) (3)	22,184.	0.			DONOR DESIGNATED GENERAL
CHARITIES UNDER 5% OVERHEAD 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2492	501(C) (3)	5,724.	0.			DONOR DESIGNATED GENERAL
CHILDREN FIRST - AMERICA'S CHARITIES - 14150 NEWBROOK DRIVE, SUITE 110, - CHANTILLY, VA 20151	*****6795	501(C) (3)	13,918.	0.			DONOR DESIGNATED GENERAL
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****8588	501(C) (3)	23,198.	0.			DONOR DESIGNATED GENERAL
CHILDREN'S HUNGER ALLIANCE 3594 NORTH SNYDER ROAD TROTWOOD, OH 45426	*****3509	501(C) (3)	5,249.	0.			DONOR DESIGNATED GENERAL
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	*****3393	501(C) (3)	19,638.	0.			DONOR DESIGNATED GENERAL
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****5961	501(C) (3)	49,026.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

**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.)

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CHRISTIAN CHILDREN'S CHARITIES 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****9697	501(C) (3)	5,722.	0.			DONOR DESIGNATED GENERAL
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA, SUITE 220, ASHBURN, VA 20147	*****3374	501(C) (3)	86,590.	0.			DONOR DESIGNATED GENERAL
CLOTHES THAT WORK 1133 SOUTH EDWIN C. MOSES BLVD SUIT DAYTON, OH 45417	*****5093	501(C) (3)	11,424.	0.			DONOR DESIGNATED GENERAL
COMMUNITY ACTION PARTNERSHIP OF THEGREATER DAYTON AREA - 719 SOUTH MAIN STREET - DAYTON, OH 45402	*****9198	501(C) (3)	15,811.	0.			PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES 1240 N PITT STREET, THIRD FLOOR ALEXANDRIA, VA 22314	*****7225	501(C) (3)	146,370.	0.			DONOR DESIGNATED GENERAL
COMMUNITY HEALTH CHARITIES OHIO P O BOX 759246 BALTIMORE, MD 21275	*****5345	501(C) (3)	92,839.	0.			DONOR DESIGNATED GENERAL
COMMUNITY SHARES OF GREATER CINCINNATI - 103 WILLIAM HOWARD TAFT RD - CINCINNATI, OH 45219	*****5067	501(C) (3)	6,592.	0.			DONOR DESIGNATED GENERAL
COMMUNITY SHARES OF MID OHIO 1699 WEST MOUND STREET COLUMBUS, OH 43223	*****3943	501(C) (3)	7,399.	0.			DONOR DESIGNATED GENERAL
COMPREHENSIVE COMMUNITY CHILD CAREORGANIZATION, INC. - 1000 N KEOWEE ST - DAYTON, OH 45404	*****3634	501(C) (3)	95,458.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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.)

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CONSERVATION & PRESERVATION CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, - LARKSPUR, CA 94939	*****7738	501(C) (3)	13,480.	0.			DONOR DESIGNATED GENERAL
DAKOTA CENTER, INC. 33 BARNETT ST DAYTON, OH 45402	*****1056	501(C) (3)	11,125.	0.			DONOR DESIGNATED GENERAL
DAKOTA CENTER, INC. 33 BARNETT ST DAYTON, OH 45402	*****1056	501(C) (3)	58,950.	0.			PROGRAM OPERATING COSTS
DAYBREAK INC 605 S. PATTERSON BLVD DAYTON, OH 45402	*****4474	501(C) (3)	34,540.	0.			DONOR DESIGNATED GENERAL
DAYBREAK INC 605 S. PATTERSON BLVD DAYTON, OH 45402	*****4474	501(C) (3)	100,000.	0.			PROGRAM OPERATING COSTS
DAYTON CHILDREN'S HOSPITAL ONE CHILDREN'S PLAZA DAYTON, OH 45404	*****2132	501(C) (3)	22,630.	0.			DONOR DESIGNATED GENERAL
DAYTON CHRISTIAN CENTER INC 1352 WEST RIVERVIEW AVENUE DAYTON, OH 45402	*****3146	501(C) (3)	11,546.	0.			PROGRAM OPERATING COSTS
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN STREET, SUITE 210 DAYTON, OH 45402	*****0101	501(C) (3)	6,514.	0.			DONOR DESIGNATED GENERAL
DIABETES ASSOCIATION OF THE DAYTON AREA - 2555 S DIXIE DR SUITE 112 - KETTERING, OH 45409	*****4147	501(C) (3)	15,050.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

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
DIABETES ASSOCIATION OF THE DAYTON AREA - 2555 S DIXIE DR SUITE 112 - KETTERING, OH 45409	*****4147	501(C) (3)	6,975.	0.			PROGRAM OPERATING COSTS
DOUNTO OTHERS: AMERICAN'S EMERGENCY RELIEF, DEVELOPMENT, AND HUMANITARIAN O - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, -	*****8590	501(C) (3)	14,886.	0.			DONOR DESIGNATED GENERAL
EARTHSHARE 7735 OLD GEORGETOWN ROAD, SUITE 900 BETHESDA, MD 20814	*****1960	501(C) (3)	29,926.	0.			DONOR DESIGNATED GENERAL
EARTHSHARE OHIO 4400 N HIGH ST STE 415 COLUMBUS, OH 43214	*****8694	501(C) (3)	7,084.	0.			DONOR DESIGNATED GENERAL
EAST END COMMUNITY SERVICES CORPORATION - 624 XENIA AVE - DAYTON, OH 45410	*****8554	501(C) (3)	14,118.	0.			DONOR DESIGNATED GENERAL
EAST END COMMUNITY SERVICES CORPORATION - 624 XENIA AVE - DAYTON, OH 45410	*****8554	501(C) (3)	82,219.	0.			PROGRAM OPERATING COSTS
EDUCATE AMERICA! THE EDUCATION, SCHOOL SUPPORT AND SCHOLARSHIP FUNDS COALIT - 1100 LARKSPUR LANDING CIRCLE, SUITE 340, -	*****3387	501(C) (3)	5,850.	0.			DONOR DESIGNATED GENERAL
EDUCATIONAL MEDIA FOUNDATION 5700 WEST OAKS BLVD., ROCKLIN, CA 95765	*****6342	501(C) (3)	5,082.	0.			DONOR DESIGNATED GENERAL
ELIZABETH'S NEW LIFE CENTER INCDAYTON - 359 FOREST AVENUE, SUITE 203 - DAYTON, OH 45405	*****1901	501(C) (3)	20,039.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

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
EPILEPSY FOUNDATION OF WESTERN OHIO - 11 WEST MONUMENT AVENUE SUITE 101 - DAYTON, OH 45402	*****0600	501(C) (3)	9,705.	0.			DONOR DESIGNATED GENERAL
EPILEPSY FOUNDATION OF WESTERN OHIO - 11 WEST MONUMENT AVENUE SUITE 101 - DAYTON, OH 45402	*****0600	501(C) (3)	13,020.	0.			PROGRAM OPERATING COSTS
FAIRBORN PRESCHOOL AND DAYCARE 100 N. BROAD STREET FAIRBORN, OH 45324	*****8490	501(C) (3)	6,157.	0.			DONOR DESIGNATED GENERAL
FAIRBORN SENIOR CITIZENS ASSOCIATION INC - 325 NORTH THIRD STREET - FAIRBORN, OH 45324	*****6949	501(C) (3)	14,255.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	*****1485	501(C) (3)	5,028.	0.			DONOR DESIGNATED GENERAL
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	*****1485	501(C) (3)	181,449.	0.			PROGRAM OPERATING COSTS
FAMILY SERVICES WRIGHTPATERSON AFB OH - 4651 HIALEAH PARK - HUBER HEIGHTS, OH 45424	*****8005	501(C) (3)	6,834.	0.			DONOR DESIGNATED GENERAL
FAMILY VIOLENCE PREVENTION CENTER OFGREENE COUNTY INC - 380 BELLBROOK AVE. - XENIA, OH 45385	*****2401	501(C) (3)	6,760.	0.			DONOR DESIGNATED GENERAL
FAMILY VIOLENCE PREVENTION CENTER OFGREENE COUNTY INC - 380 BELLBROOK AVE. - XENIA, OH 45385	*****2401	501(C) (3)	65,841.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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.)

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FISHER/NIGHTINGALE HOUSES, INC. P.O. BOX 33871 WRIGHT-PATTERSON AFB, OH 45433	*****3382	501(C) (3)	35,944.	0.			DONOR DESIGNATED GENERAL
GIRL SCOUTS OF WESTERN OHIO 450 SHOUP MILL ROAD DAYTON, OH 45415	*****9673	501(C) (3)	10,525.	0.			DONOR DESIGNATED GENERAL
GLOBAL IMPACT 66 CANAL CENTER PLAZA, SUITE 310 ALEXANDRIA, VA 22314	*****3585	501(C) (3)	38,570.	0.			DONOR DESIGNATED GENERAL
GOOD NEIGHBOR HOUSE 627 EAST FIRST STREET DAYTON, OH 45402	*****4154	501(C) (3)	37,536.	0.			DONOR DESIGNATED GENERAL
GOODWILL EASTER SEALS OF MIAMI VALLEY - 660 SOUTH MAIN STREET - DAYTON, OH 45402	*****7112	501(C) (3)	10,968.	0.			DONOR DESIGNATED GENERAL
GOSPEL MISSION, INC. 64 BURNS AVENUE DAYTON, OH 45402	*****3267	501(C) (3)	10,270.	0.			DONOR DESIGNATED GENERAL
GRACE UNITED METHODIST CHURCH 1001 HARVARD BOULEVARD DAYTON, OH 45406	*****3283	501(C) (3)	38,560.	0.			PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	*****0159	501(C) (3)	24,230.	0.			DONOR DESIGNATED GENERAL
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	*****0159	501(C) (3)	33,765.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**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
GREATER DAYTON VOLUNTEERS LAWYERSPROJECT - 109 NORTH MAIN STREET - DAYTON, OH 45402	*****1172	501(C) (3)	7,542.	0.			DONOR DESIGNATED GENERAL
GREENE COUNTY COMMUNITY FOUNDATION 306 WHITTIER AVENUE FAIRBORN, OH 45324	*****1001	501(C) (3)	36,750.	0.			PROGRAM OPERATING COSTS
GREENE MEDICAL FOUNDATION 1141 NORTH MONRE DRIVER XENIA, OH 45385	*****6949	501(C) (3)	12,593.	0.			DONOR DESIGNATED GENERAL
HABITAT FOR HUMANITY OF GREATER DAYTON - 115 WEST RIVERVIEW AVENUE - DAYTON, OH 45405	*****4456	501(C) (3)	33,603.	0.			DONOR DESIGNATED GENERAL
HABITAT FOR HUMANITY OF GREATER DAYTON - 115 WEST RIVERVIEW AVENUE - DAYTON, OH 45405	*****4456	501(C) (3)	18,000.	0.			PROGRAM OPERATING COSTS
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	*****7739	501(C) (3)	56,957.	0.			DONOR DESIGNATED GENERAL
HEALTH FIRST - AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	*****6796	501(C) (3)	14,988.	0.			DONOR DESIGNATED GENERAL
HOMEFULL 33 WEST FIRST STREETSUITE 100 DAYTON, OH 45402	*****6989	501(C) (3)	13,297.	0.			DONOR DESIGNATED GENERAL
HOMEFULL 33 WEST FIRST STREETSUITE 100 DAYTON, OH 45402	*****6989	501(C) (3)	94,510.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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
HOMELESS ANIMAL RESCUE TEAM OF CINCINNATI - 11711 PRINCETON PIKE - CINCINNATI, OH 45246	*****2074	501(C) (3)	22,963.	0.			DONOR DESIGNATED GENERAL
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	*****6425	501(C) (3)	32,990.	0.			DONOR DESIGNATED GENERAL
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	*****6425	501(C) (3)	13,500.	0.			PROGRAM OPERATING COSTS
HUMAN CARE CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****7804	501(C) (3)	5,286.	0.			DONOR DESIGNATED GENERAL
HUMAN SERVICE CHARITIES OF AMERICA 44330 PREMIER PLAZA, SUITE 220 ASHBURN, VA 20147	*****0353	501(C) (3)	9,473.	0.			DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS ROAD DAYTON, OH 45417	*****7073	501(C) (3)	20,411.	0.			DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREENE COUNTY 187 BELLBROOK AVENUE XENIA, OH 45385	*****6805	501(C) (3)	20,061.	0.			DONOR DESIGNATED GENERAL
JEWISH FEDERATION OF GREATER DAYTON INC - 525 VERSAILLES DRIVE - DAYTON, OH 45459	*****7488	501(C) (3)	5,810.	0.			DONOR DESIGNATED GENERAL
JEWISH FEDERATION OF GREATER DAYTON INC - 525 VERSAILLES DRIVE - DAYTON, OH 45459	*****7488	501(C) (3)	13,485.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

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
KETTERING MEDICAL CENTER FOUNDATION - 3535 SOUTHERN BLVD. - KETTERING, OH 45429	*****9897	501(C) (3)	27,796.	0.			DONOR DESIGNATED GENERAL
KETTERING SEVENTH DAY ADVENTIST CHURCH - 3939 STONEBRIDGE ROAD - KETTERING, OH 45419	*****7536	501(C) (3)	44,068.	0.			DONOR DESIGNATED GENERAL
LEGAL AID OF WESTERN OHIO, INC. 130 WEST SECOND STREETSUITE 700 WES DAYTON, OH 45402	*****5732	501(C) (3)	93,745.	0.			PROGRAM OPERATING COSTS
LIFE ESSENTIALS INC 40 SOUTH PERRY STREETSUITE 130 DAYTON, OH 45402	*****4922	501(C) (3)	12,920.	0.			PROGRAM OPERATING COSTS
MAKE A WISH FOUNDATION OF GREATER OHIO, KENTUCKY AND INDIANA, INC. - 2545 FARMERS DRIVE, SUITE 300 - COLUMBUS, OH 43235	*****1131	501(C) (3)	8,211.	0.			DONOR DESIGNATED GENERAL
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET, SUITE 201 SALEM, MA 01970	*****8591	501(C) (3)	23,121.	0.			DONOR DESIGNATED GENERAL
MENTAL HEALTH AND ADDICTION NETWORK - 32 CHURCH STREET, 2ND FLOOR - SALEM, MA 01970	*****8397	501(C) (3)	5,318.	0.			DONOR DESIGNATED GENERAL
MERCY MANOR INC 25 GROSVENOR AVE. DAYTON, OH 45417	*****7248	501(C) (3)	37,748.	0.			PROGRAM OPERATING COSTS
MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST. DAYTON, OH 45409	*****0231	501(C) (3)	8,042.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

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
MIAMI VALLEY SCHOOL 5151 DENISE DRIVE DAYTON, OH 45429	*****1154	501(C) (3)	25,000.	0.			DONOR DESIGNATED GENERAL
MIAMI VALLEY WOMEN'S CENTER, INC. 2345 WEST STROOP RD. DAYTON, OH 45439	*****8733	501(C) (3)	12,085.	0.			DONOR DESIGNATED GENERAL
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA - P.O. BOX 45754 - SAN FRANCISCO, CA 94145	*****3418	501(C) (3)	66,429.	0.			DONOR DESIGNATED GENERAL
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE, SUITE LARKSPUR, CA 94939	*****2752	501(C) (3)	12,585.	0.			DONOR DESIGNATED GENERAL
NATIONAL PUBLIC RADIO 635 MASSACHUSETTS AVE., NW WASHINGTON, DC 20001	*****7625	501(C) (3)	5,487.	0.			DONOR DESIGNATED GENERAL
OMEGA CDC 1821 EMERSON AVE. DAYTON, OH 45406	*****1713	501(C) (3)	13,150.	0.			PROGRAM OPERATING COSTS
PLANNED PARENTHOOD OF SOUTHWEST OHIO - 224 NORTH WILKINSON - DAYTON, OH 45402	*****6688	501(C) (3)	8,095.	0.			DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	*****0453	501(C) (3)	5,070.	0.			DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	*****0453	501(C) (3)	36,897.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

**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
PREMIER COMMUNITY HEALTHCANCER PREVENTION INSTITUTE - 23 JASPER STREET - DAYTON, OH 45409-2669	*****2883	501(C) (3)	6,100.	0.			PROGRAM OPERATING COSTS
PROJECT READ 444 WEST THIRD STREET DAYTON, OH 45402-1460	*****2312	501(C) (3)	7,683.	0.			DONOR DESIGNATED GENERAL
PROJECT READ 444 WEST THIRD STREET DAYTON, OH 45402-1460	*****2312	501(C) (3)	18,000.	0.			PROGRAM OPERATING COSTS
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC - 555 VALLEY ST. - DAYTON, OH 45404	*****4793	501(C) (3)	16,068.	0.			DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	*****2759	501(C) (3)	9,729.	0.			DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	*****2759	501(C) (3)	199,485.	0.			PROGRAM OPERATING COSTS
SOCIETY FOR THE IMPROVEMENT OF CONDITIONS FOR STRAY ANIMALS - 2600 WILMINGTON PIKE - KETTERING, OH 45419	*****7199	501(C) (3)	17,913.	0.			DONOR DESIGNATED GENERAL
SOCIETY OF ST. VINCENT DEPAUL 2699 LONGWOOD DRIVE BEAVERCREEK, OH 45431	*****3797	501(C) (3)	11,084.	0.			DONOR DESIGNATED GENERAL
ST VINCENT DE PAUL SOCIAL SERVICES INC - 1133 S. EDWIN C. MOSES BLVD. STE 308 - DAYTON, OH 45417	*****2259	501(C) (3)	78,740.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

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
SUICIDE PREVENTION CENTER INCORPORATED OF DAYTON OHIO - P. O. BOX 1393 - DAYTON, OH 45401	*****5854	501(C) (3)	7,798.	0.			DONOR DESIGNATED GENERAL
TENTH LIFE 3944 BARBERRY BLVD. BEAVERCREEK, OH 45440	*****7562	501(C) (3)	25,949.	0.			DONOR DESIGNATED GENERAL
THE FOODBANK, INC. 56 ARMOUR PLACE DAYTON, OH 45417	*****2880	501(C) (3)	60,090.	0.			DONOR DESIGNATED GENERAL
THE FOODBANK, INC. 56 ARMOUR PLACE DAYTON, OH 45417	*****2880	501(C) (3)	110,508.	0.			PROGRAM OPERATING COSTS
THE GRANDVIEW FOUNDATION 405 GRAND AVENUE DAYTON, OH 45405	*****9591	501(C) (3)	11,899.	0.			DONOR DESIGNATED GENERAL
THE HOSPICE OF DAYTON, INC. 324 WILMINGTON AVENUE DAYTON, OH 45420	*****3339	501(C) (3)	83,430.	0.			DONOR DESIGNATED GENERAL
THE SALVATION ARMY, GREATER DAYTON AREA - 1000 N. KEOWEE ST. - DAYTON, OH 45404	*****2351	501(C) (3)	23,437.	0.			DONOR DESIGNATED GENERAL
THE SALVATION ARMY, GREATER DAYTON AREA - 1000 N. KEOWEE ST. - DAYTON, OH 45404	*****2351	501(C) (3)	5,000.	0.			PROGRAM OPERATING COSTS
THE YMCA OF GREATER DAYTON 111 W. FIRST ST. STE 207 DAYTON, OH 45402	*****7517	501(C) (3)	28,353.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

**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
THE YMCA OF GREATER DAYTON 111 W. FIRST ST. STE 207 DAYTON, OH 45402	*****7517	501(C) (3)	106,972.	0.			PROGRAM OPERATING COSTS
THINKTV 110 S. JEFFERSON ST. DAYTON, OH 45402	*****8459	501(C) (3)	6,731.	0.			DONOR DESIGNATED GENERAL
UNIFIED HEALTH SOLUTIONS 3440 OFFICE PARK DR DAYTON, OH 45439	*****7292	501(C) (3)	77,369.	0.			PROGRAM OPERATING COSTS
UNITED NEGRO COLLEGE FUND 1805 7TH STREET NW WASHINGTON, DC 20001	*****4241	501(C) (3)	6,753.	0.			DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OFGREATER DAYTON - 4710 OLD TROY PIKE - DAYTON, OH 45424	*****2919	501(C) (3)	17,042.	0.			DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OFGREATER DAYTON - 4710 OLD TROY PIKE - DAYTON, OH 45424	*****2919	501(C) (3)	120,960.	0.			PROGRAM OPERATING COSTS
UNITED SERVICE ORGANIZATIONS, INC. (USO) - 2111 WILSON BLVD., SUITE 1200 - ARLINGTON, VA 22201	*****0451	501(C) (3)	11,828.	0.			DONOR DESIGNATED GENERAL
UNITED WAY GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	*****6654	501(C) (3)	7,587.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF BUTLER COUNTY OHIO 323 NORTH THIRD STREET HAMILTON, OH 45011-1624	*****4490	501(C) (3)	17,498.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

**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
UNITED WAY OF CENTRAL OHIO, INC. 360 S. THIRD STREET COLUMBUS, OH 43215	*****3712	501(C) (3)	9,148.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF CLARK, CHAMPAIGN & MADISON MADISON COUNTIES - 120 S. CENTER STREET, 2ND FLOOR - SPRINGFIELD, OH 45502	*****9095	501(C) (3)	29,172.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF DARKE COUNTY OHIO PO BOX 716 GREENVILLE, OH 45331-0716	*****1444	501(C) (3)	5,992.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF GREATER CINCINNATI & N.KENTUCKY - 2400 READING ROAD - CINCINNATI, OH 45202	*****7502	501(C) (3)	13,821.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF PIQUA OHIO P.O. BOX 631 PIQUA, OH 45356	*****5173	501(C) (3)	10,607.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF TIPP CITY AREA INC 12 SOUTH THIRD STREET TIPP CITY, OH 45371	*****0582	501(C) (3)	14,361.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF TROY, OHIO, INC. 233 SOUTH MARKET STREET TROY, OH 45373-3326	*****9209	501(C) (3)	36,196.	0.			DONOR DESIGNATED GENERAL
UNITED WAY OF WARREN COUNTY 645 OAK ST. LEBANON, OH 45036	*****2362	501(C) (3)	27,813.	0.			DONOR DESIGNATED GENERAL
VICTORIA THEATRE ASSOCIATION 138 NORTH MAIN STREET DAYTON, OH 45402	*****7638	501(C) (3)	6,186.	0.			DONOR DESIGNATED GENERAL

Schedule I (Form 990)

THE UNITED WAY OF THE GREATER DAYTON

Schedule I (Form 990)

AREA

\*\* - \*\*\*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
WE CARE ARTS 3035 WILMINGTON PIKE DAYTON, OH 45429	*****5721	501(C) (3)	11,311.	0.			DONOR DESIGNATED GENERAL
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	*****3259	501(C) (3)	6,962.	0.			DONOR DESIGNATED GENERAL
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	*****3259	501(C) (3)	94,674.	0.			PROGRAM OPERATING COSTS
WOMANLINE OF DAYTON INC 4617 PRESIDENTIAL WAY KETTERING, OH 45429	*****4873	501(C) (3)	5,676.	0.			DONOR DESIGNATED GENERAL
WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	*****3386	501(C) (3)	8,482.	0.			DONOR DESIGNATED GENERAL
WOUNDED WARRIOR EMERGENCY SUPPORT FUND FUNDRAISER WARRIOR COURAGE FOUNDATION - 1100 LARKSPUR LANDING CIRCLE, SUITE 340 - LARKSPUR, CA 94939	*****0412	501(C) (3)	32,722.	0.			DONOR DESIGNATED GENERAL
XENIA ADULT RECREATION AND SERVICES CENTER - 130 E. CHURCH ST. - XENIA, OH 45385	*****0999	501(C) (3)	6,092.	0.			DONOR DESIGNATED GENERAL
XENIA ADULT RECREATION AND SERVICES CENTER - 130 E. CHURCH ST. - XENIA, OH 45385	*****0999	501(C) (3)	33,106.	0.			PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER - 320 CORRY STREET - YELLOW SPRINGS, OH 45387	*****1024	501(C) (3)	34,099.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)



THE UNITED WAY OF THE GREATER DAYTON

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

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

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

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON  
AREA

Employer identification number  
\*\*-\*\*\*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:

VOLUNTEERS CONTRIBUTED OVER 6,357 HOURS OF THEIR TIME IN SERVICE PROJECTS. UNITED WAY ALSO DISTRIBUTES CONTRIBUTIONS DESIGNATED TO SPECIFIC AGENCIES AS A SERVICE TO DONORS PARTICIPATING IN THE ANNUAL UNITED WAY CAMPAIGN OR COMBINED FEDERAL CAMPAIGN (CFC).

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

PREBLE AND GREENE COUNTY PROGRAM SERVICES

EXPENSES \$ 104,515. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
432211  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

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

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

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

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

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

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

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

THE EXECUTIVE COMMITTEE OF THE BOARD PERIODICALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND KEY EMPLOYEES AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS.

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

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

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

THE FORM 990 AND AUDITED FINANCIAL STATEMENT ARE PUBLISHED ON THE UNITED  
WAY WEBSITE AND IS ALSO AVAILABLE BY REQUEST. ALL OTHER GOVERNING DOCUMENTS  
AND CONFLICT OF INTEREST POLICIES ARE GIVEN TO EMPLOYEES AND VOLUNTEERS AND  
ARE AVAILABLE BY REQUEST TO THE PUBLIC.

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 13,504,830; D Employer identification number 6658; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of TOM MAULTSBY Telephone number 937-225-3001

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows 14-34. Total deductions 1,000. Unrelated business taxable income 0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e, Other taxes, Total tax, Payments (A 2013 overpayment, 2014 estimated, Tax deposited, Foreign organizations, Backup withholding, Credit for small employer health insurance), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Signature area with fields for Sign Here, Signature of officer, Date, Title (PRESIDENT & CEO), and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature (TODD R. ROBERTS CPA), Date (02/04/16), Check self-employed, PTIN (P00197560), Firm's name (BRADY, WARE & SCHOENFELD, INC.), Firm's EIN (\*\*-\*\*\*6702), Firm's address (DAYTON, OH 45342), and Phone no. ((937)223-5247).

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number (EIN) or <b>**-***6658</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 WEST FIRST STREET, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAYTON, OH 45402</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TOM MAULTSBY**

- The books are in the care of ▶ **33 WEST FIRST STREET SUITE 500 - DAYTON, OH 45402**  
Telephone No. ▶ **937-225-3001** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>THE UNITED WAY OF THE GREATER DAYTON AREA</b>	Employer identification number (EIN) or <b>**-***6658</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>33 WEST FIRST STREET, NO. 500</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>DAYTON, OH 45402</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**TOM MAULTSBY**

- The books are in the care of ▶ **33 WEST FIRST STREET SUITE 500 - DAYTON, OH 45402**  
Telephone No. ▶ **937-225-3001** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2014**, and ending **JUN 30, 2015**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.