

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
THE UNITED WAY OF THE GREATER DAYTON AREA
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
33 WEST FIRST STREET NO 500
City or town, state or province, country, and ZIP or foreign postal code
DAYTON, OH 45402
F Name and address of principal officer
J THOMAS MAULTSBY
33 WEST FIRST STREET SUITE 500
DAYTON, OH 45402

D Employer identification number
31-0536658
E Telephone number
(937) 225-3001
G Gross receipts \$ 5,970,440
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527
J Website: ▶ WWW DAYTON-UNITEDWAY ORG

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITED WAY OF THE GREATER DAYTON AREA ENGAGES THE COMMUNITY TO SUPPORT A LOCAL NETWORK OF HEALTH AND HUMAN SERVICE AGENCIES AND INITIATIVES THAT MAKE LASTING CHANGES IN THE MIAMI VALLEY A VOLUNTEER-LED ORGANIZATION, UNITED WAY IS THE AREA'S LARGEST PRIVATE FUNDER OF HEALTH AND HUMAN SERVICES, PRIMARILY PROVIDED BY LOCAL AGENCIES IN MONTGOMERY, GREENE AND PREBLE COUNTIES UNITED WAY FOCUSES ON UNDERLYING CAUSES TO GET TO THE HEART OF LOCAL PROBLEMS AND TO PREVENT THEM FROM HAPPENING IN THE FIRST PLACE - SUCH AS PREPARING YOUTH TO SUCCEED IN SCHOOL AND THE JOBS OF TOMORROW, OR PREVENTING HOME FORECLOSURE AND HOMELESSNESS OUR LOCAL UNITED WAY ALSO CONNECTS PEOPLE IN NEED WITH SERVICES THROUGH HELPLINK 2-1-1 AND CONNECTS PEOPLE WITH VOLUNTEER OPPORTUNITIES THROUGH VOLUNTEER CONNECTION

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	42
6 Total number of volunteers (estimate if necessary)	2,474
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	10,800

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,779,414	5,528,893
9 Program service revenue (Part VIII, line 2g)	281,395	368,266
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	58,675	73,281
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,119,484	5,970,440
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,368,476	3,217,201
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,000,023	2,138,196
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,118,907		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,162,928	1,002,521
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,531,427	6,357,918
19 Revenue less expenses Subtract line 18 from line 12	-411,943	-387,478
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	13,339,942	11,417,821
21 Total liabilities (Part X, line 26)	6,273,998	4,557,260
22 Net assets or fund balances Subtract line 21 from line 20	7,065,944	6,860,561

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

Sign Here
Signature of officer: *****
Date: 2019-01-16
J THOMAS MAULTSBY PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name THOMAS J GMEINER CPA
Preparer's signature THOMAS J GMEINER CPA
Date 2019-01-16
Check if self-employed
PTIN P00197565
Firm's name ▶ BRADY WARE & SCHOENFELD INC
Firm's EIN ▶ 35-1476702
Firm's address ▶ 3601 RIGBY ROAD SUITE 400
DAYTON, OH 45342
Phone no (937) 223-5247

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 3,738,992 including grants of \$ 3,217,201) (Revenue \$ 170,166)
See Additional Data

4b (Code) (Expenses \$ 666,734 including grants of \$) (Revenue \$ 198,100)
See Additional Data

4c (Code) (Expenses \$ 411,357 including grants of \$) (Revenue \$)
See Additional Data

(Code) (Expenses \$ 102,836 including grants of \$) (Revenue \$)
PREBLE AND GREENE COUNTY PROGRAM SERVICES

4d Other program services (Describe in Schedule O)
(Expenses \$ 102,836 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 4,919,919

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 19 regarding organizational requirements, lobbying activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		No
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (21), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIA BELDEN TREASURER	5 00	X		X				0	0	0
(2) SUE CIARLARIELLO DIRECTOR	5 00	X						0	0	0
(3) DANIEL DAVIS DIRECTOR	5 00	X						0	0	0
(4) NICHOLAS EDWARDS CHAIR OF THE BOARD	5 00	X		X				0	0	0
(5) STEPHEN HERBERT PAST IMMEDIATE CHAIR	5 00	X						0	0	0
(6) J THOMAS MAULTSBY PRESIDENT/CEO AND SECRETAR	40 00	X		X			130,429	0	17,043	
(7) JOSE RODRIGUEZ DIRECTOR	5 00	X						0	0	0
(8) PAUL BENSON VICE CHAIR	5 00	X		X				0	0	0
(9) EVAN KLOTH DIRECTOR	5 00	X						0	0	0
(10) AJ FERGUSON DIRECTOR	5 00	X						0	0	0
(11) TOM KELLEY DIRECTOR	5 00	X						0	0	0
(12) CARL KENNEBREW DIRECTOR	5 00	X						0	0	0
(13) DIANE WALSH DIRECTOR	5 00	X						0	0	0
(14) GRAHAM BAILEY DIRECTOR	5 00	X						0	0	0
(15) PETER BATH DIRECTOR	5 00	X						0	0	0
(16) JO ALICE BLONDIN DIRECTOR	5 00	X						0	0	0
(17) BRENT LEWIS DIRECTOR	5 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIAN MARTIN DIRECTOR	5 00	X						0	0	0
(19) STEPHEN RINGEL DIRECTOR	5 00	X						0	0	0
(20) PAUL DORSTEN DIRECTOR	5 00	X						0	0	0
(21) TOM RITCHE DIRECTOR	5 00	X						0	0	0
(22) BRENT BYERLY VICE PRESIDENT OF FINANCE	40 00			X				88,368	0	6,673
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								218,797	0	23,716

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,528,893			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		5,528,893			
Program Service Revenue		Business Code				
	2a INFORMATION & REFERRAL	624100	198,100	198,100		
	b CAMPAIGN ADMINISTRATIO	541900	170,166	170,166		
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		368,266				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		73,281		73,281	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b Less direct expenses	b			
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See Instructions		5,970,440	368,266	0	73,281	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	3,217,201	3,217,201		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	241,778	116,009	23,123	102,646
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.	1,177,576	565,022	112,619	499,935
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	368,087	204,311	30,698	133,078
9 Other employee benefits.	240,116	118,865	16,885	104,366
10 Payroll taxes.	110,639	54,359	10,454	45,826
11 Fees for services (non-employees)				
a Management.				
b Legal.	11,482	491	2,755	8,236
c Accounting.	15,300	4,590	3,060	7,650
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	478,281	395,586	18,058	64,637
12 Advertising and promotion.	75,382	38,035	2,216	35,131
13 Office expenses.	34,372	26,809	1,760	5,803
14 Information technology.				
15 Royalties.				
16 Occupancy.	176,981	103,310	12,793	60,878
17 Travel.	17,243	11,829	572	4,842
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	34,250	32,753	856	641
20 Interest.				
21 Payments to affiliates.	68,735		68,735	
22 Depreciation, depletion, and amortization.	13,280	3,984	2,656	6,640
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	33,692	0	8,423	25,269
b TELEPHONE	21,484	14,965	1,241	5,278
c ALL OTHER EXPENSES	18,630	11,271	1,596	5,763
d POSTAGE AND SHIPPING	3,409	529	592	2,288
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	6,357,918	4,919,919	319,092	1,118,907
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	596,696	1	449,083
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,804,927	3	1,695,856
	4 Accounts receivable, net	143,062	4	137,904
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	7,507	9	7,722
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 191,733		
	b Less accumulated depreciation	10b 161,701	40,352	10c 30,032
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	6,419,995	12	6,733,795
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,327,403	15	2,363,429
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,339,942	16	11,417,821	
Liabilities	17 Accounts payable and accrued expenses	227,401	17	163,013
	18 Grants payable	4,496,597	18	2,609,247
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,550,000	25	1,785,000
	26 Total liabilities. Add lines 17 through 25	6,273,998	26	4,557,260
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,268,706	27	900,831
	28 Temporarily restricted net assets	2,743,966	28	2,810,815
	29 Permanently restricted net assets	3,053,272	29	3,148,915
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,065,944	33	6,860,561
	34 Total liabilities and net assets/fund balances	13,339,942	34	11,417,821

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	5,970,440
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,357,918
3	Revenue less expenses Subtract line 2 from line 1	3	-387,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,065,944
5	Net unrealized gains (losses) on investments	5	417,095
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	-235,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,860,561

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON
AREA

Form 990 (2017)

Form 990, Part III, Line 4a:

FUND GRANTS, DONOR DESIGNATIONS, AND VOLUNTEER CONNECTION UNITED WAY FUNDS LOCAL HEALTH AND HUMAN SERVICE AGENCIES THROUGH A COMPETITIVE GRANT PROCESS TO ACHIEVE MEASURABLE OUTCOMES IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY 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 2018, THESE PROGRAMS SERVED THOUSANDS OF CHILDREN AND ADULTS IN THE DAYTON REGION VOLUNTEER CONNECTION IS A VOLUNTEER REFERRAL AND RESOURCE CENTER THAT PROVIDES OPPORTUNITIES FOR INDIVIDUALS OF ALL AGES TO MAKE AN IMPACT IN THE COMMUNITY IN FISCAL 2018, VOLUNTEER CONNECTION ENGAGED VOLUNTEERS IN DAYS OF SERVICE AND OTHER OPPORTUNITIES ABOUT 2,474 VOLUNTEER REFERRALS WERE MADE AND VOLUNTEERS CONTRIBUTED OVER 5,750 HOURS OF THEIR TIME IN SERVICE PROJECTS

Form 990, Part III, Line 4b:

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 2018, HELPLINK 2-1-1 PROVIDED 94,779 REFERRALS FOR VARIOUS NEEDS.

Form 990, Part III, Line 4c:

DURING FISCAL YEAR 2018, THE UNITED WAY OF THE GREATER DAYTON AREA, THROUGH THE CHILDREN'S DEFENSE FUND FREEDOM SCHOOLS PROGRAM, SERVED 422 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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON AREA

Employer identification number

31-0536658

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	8,945,471	8,751,239	8,200,605	7,779,414	5,528,893	39,205,622
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	8,945,471	8,751,239	8,200,605	7,779,414	5,528,893	39,205,622
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						39,205,622

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	8,945,471	8,751,239	8,200,605	7,779,414	5,528,893	39,205,622
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	86,074	44,287	32,565	58,676	73,281	294,883
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						39,500,505
12	Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	99.250 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99.480 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <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>		
2		
3a 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>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c 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>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
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>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
4c		
5a 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>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
7		
8 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 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) 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>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
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>		
10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON
AREA

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2017
Open to Public Inspection

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

Employer identification number
31-0536658

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<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" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on 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	3,707,499	3,285,547	3,637,060	3,689,070	3,274,258
b Contributions					
c Net investment earnings, gains, and losses	292,216	566,832	-217,445	102,043	563,992
d Grants or scholarships					
e Other expenditures for facilities and programs	137,962	137,998	134,068	126,411	121,070
f Administrative expenses	26,785	6,882		27,642	28,110
g End of year balance	3,834,968	3,707,499	3,285,547	3,637,060	3,689,070

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|------------------|----|
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		191,733	161,701	30,032
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				30,032

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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	794,736	F
(B) PERPETUAL INTEREST IN TRUSTS	2,873,915	F
(C) DAYTON FOUNDATION	3,065,144	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	6,733,795	

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

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

Part IX Other Assets. Complete if the organization answered 'Yes' on 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	2,086,132
(2) RESTRICTED CASH	277,297
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	2,363,429

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LONG TERM DEFINED BENEFIT PLAN OBLIGATION	1,785,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,785,000

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,008,127
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	417,095	
e	Add lines 2a through 2d		2e	417,095
3	Subtract line 2e from line 1		3	4,591,032
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	1,379,408	
c	Add lines 4a and 4b		4c	1,379,408
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	5,970,440

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

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

1	Total expenses and losses per audited financial statements		1	4,978,510
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	-1,379,408	
e	Add lines 2a through 2d		2e	-1,379,408
3	Subtract line 2e from line 1		3	6,357,918
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	6,357,918

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 31-0536658

Name: THE UNITED WAY OF THE GREATER DAYTON
AREA

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT CONSISTS OF TEMPORARILY AND PERMANENTLY RESTRICTED GIFTS WITH THE EARNINGS A AVAILABLE TO SUPPORT THE MISSION OF THE UNITED WAY IN SUPPORTING HEALTH AND HUMAN SERVICE A GENCIES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION HAS EVALUATED THE TAX POSITIONS IT HAS TAKEN, OR EXPECTS TO TAKE, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAXING AUTHORITY. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE BENEFIT ARISING FROM AN UNCERTAIN TAX POSITION TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50 PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT WITH A TAXING AUTHORITY. BASED ON ITS REVIEW, MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS TAKEN ANY MATERIAL UNCERTAIN TAX POSITIONS, INCLUDING ANY POSITION THAT WOULD PLACE THE ORGANIZATION'S EXEMPT STATUS IN JEOPARDY AS OF JUNE 30, 2018. THE FEDERAL TAX RETURNS OF THE ORGANIZATION FOR 2013, 2014, AND 2015 ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITY, GENERALLY FOR THREE YEARS AFTER THE DUE DATE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE 1,437 GAIN ON INVESTMENTS AT THE DAYTON FOUNDATION 216,366 GAIN ON PERPETUAL INTEREST IN TRUSTS 199,292

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 1,379,408

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DONOR DESIGNATIONS -1,379,408

**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," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

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

Employer identification number
31-0536658

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference

Explanation

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 118 WEST FIRST STREET SUITE 300 DAYTON, OH 45402	31-0537517	501(C) (3)	79,751				PROGRAM OPERATING COSTS
4 PAWS FOR ABILITY INC 253 DAYTON AVENUE XENIA, OH 45385	31-1625484	501(C) (3)	11,564				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
4C FOR CHILDREN MIAMI VALLEY 2100 SHERMAN AVENUE SUITE 300 CINCINNATI, OH 45212	31-0823634	501(C) (3)	2,082				DONOR DESIGNATED GENERAL
4C FOR CHILDREN MIAMI VALLEY 2100 SHERMAN AVENUE SUITE 300 CINCINNATI, OH 45212	31-0823634	501(C) (3)	27,427				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A SPECIAL WISH FOUNDATION - DAYTON CHAPTER 436 VALLEY ST DAYTON, OH 45404	31-1234314	501(C) (3)	11,616				DONOR DESIGNATED GENERAL
AFL-CIO LABOR FOOD PANTY 6550 POE AVENUE DAYTON, OH 45414	31-1757115	501(C) (3)	8,634				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFL-CIO LABOR FOOD PANTY 6550 POE AVENUE DAYTON, OH 45414	31-1757115	501(C) (3)	10,000				PROGRAM OPERATING COSTS
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION INC MIAMI VALLEY 31 WEST WHIPP ROAD CENTERVILLE, OH 45459	31-1031867	501(C) (3)	9,298				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C) (3)	11,772				DONOR DESIGNATED GENERAL
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON, OH 45402	31-0537493	501(C) (3)	17,813				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS DAYTON AREA CHAPTER 370 W FIRST ST DAYTON, OH 45402	31-0537493	501(C) (3)	44,000				PROGRAM OPERATING COSTS
AMERICA'S CHARITIES 3608 GALLEY RD COLORADO SPRINGS, CO 80909	26-4130157	501(C) (3)	10,611				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMERICA'S MOST COST-EFFECTIVE CHARITIES 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-3132554	501(C) (3)	5,475				DONOR DESIGNATED GENERAL
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3193389	501(C) (3)	22,945				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ANTIOCH COLLEGE CORPORATION ONE MORGAN PLACE YELLOW SPRINGS, OH 45387	26-1672457	501(C) (3)	8,112				DONOR DESIGNATED GENERAL
ARTEMIS CENTER TO DOMESTIC VIOLENCE 310 W MONUMENT AVE DAYTON, OH 45402	31-1120194	501(C) (3)	22,831				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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	31-1120194	501(C) (3)	57,166				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC 22 SOUTH JEFFERSON STREET DAYTON, OH 45402	31-0641306	501(C) (3)	9,653				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA MIAMI VALLEY COUNCIL 7285 POE AVE DAYTON, OH 45414	31-0537124	501(C) (3)	13,517				DONOR DESIGNATED GENERAL
BOYS & GIRLS CLUB OF DAYTON INC 1828 WEST STEWART ST DAYTON, OH 45417	31-0536657	501(C) (3)	6,600				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF DAYTON INC 1828 WEST STEWART ST DAYTON, OH 45417	31-0536657	501(C) (3)	153,800				PROGRAM OPERATING COSTS
BRUNNER LITERACY CENTER 4825 SALEM AVENUE DAYTON, OH 45416	45-2407008	501(C) (3)	459				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BRUNNER LITERACY CENTER 4825 SALEM AVENUE DAYTON, OH 45416	45-2407008	501(C) (3)	20,000				PROGRAM OPERATING COSTS
BUTLER COUNTY UNITED WAY OHIO 323 NORTH THIRD STREET HAMILTON, OH 45011624	31-0734490	501(C) (3)	17,534				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CANCERCURE OF AMERICA CARE UNDERSTAND RESEARCH & END PO BOX 45754 SAN FRANCISCO, CA 94145	81-0648432	501(C) (3)	9,469				DONOR DESIGNATED GENERAL
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKSPUR LANDING CIRCLE 340 LARKSPUR, CA 949391827	45-1679647	501(C) (3)	11,535				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(C) (3)	88,925				DONOR DESIGNATED GENERAL
CATHOLIC SOCIAL SERVICES OF THE MIAMI VALLEY 922 WEST RIVERVIEW AVENUE DAYTON, OH 45402	31-0536645	501(C) (3)	185,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3148588	501(C) (3)	5,380				DONOR DESIGNATED GENERAL
CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-0093393	501(C) (3)	7,119				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3255961	501(C) (3)	7,794				DONOR DESIGNATED GENERAL
CHRISTIAN SERVICE CHARITIES 44330 PREMIER PLAZA SUITE 220 ASHBURN, VA 20147	94-3193374	501(C) (3)	21,859				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CLOTHES THAT WORK 1133 SOUTH EDWIN C MOSES BLVD SUITE 392 DAYTON, OH 45417	31-1575093	501(C) (3)	8,508				DONOR DESIGNATED GENERAL
COMMUNITY ACTION PARTNERSHIP OF THE GREATER DAYTON AREA 719 SOUTH MAIN STREET DAYTON, OH 45402	31-0709198	501(C) (3)	391				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF THE GREATER DAYTON AREA 719 SOUTH MAIN STREET DAYTON, OH 45402	31-0709198	501(C) (3)	9,751				PROGRAM OPERATING COSTS
COMMUNITY HEALTH CHARITIES 1199 N FAIRFAX ST ALEXANDRIA, WV 22314	13-6167225	501(C) (3)	67,871				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA CENTER INC 33 BARNETT ST DAYTON, OH 45402	31-0731056	501(C) (3)	10,049				DONOR DESIGNATED GENERAL
DAKOTA CENTER INC 33 BARNETT ST DAYTON, OH 45402	31-0731056	501(C) (3)	52,907				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAYBREAK INC 605 S PATTERSON BLVD DAYTON, OH 45402	31-0864474	501(C) (3)	19,656				DONOR DESIGNATED GENERAL
DAYBREAK INC 605 S PATTERSON BLVD DAYTON, OH 45402	31-0864474	501(C) (3)	145,788				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 DAYTON 2555 S DIXIE DR SUITE 112 KETTERING, OH 45409	31-6084147	501(C) (3)	6,564				DONOR DESIGNATED GENERAL
DIABETES DAYTON 2555 S DIXIE DR SUITE 112 KETTERING, OH 45409	31-6084147	501(C) (3)	1,978				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 DAYTON 2555 S DIXIE DR SUITE 112 KETTERING, OH 45409	31-6084147	501(C) (3)	12,000				PROGRAM OPERATING COSTS
EARTHSHARE 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501(C) (3)	8,377				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST END COMMUNITY SERVICES CORPORATION 624 XENIA AVE DAYTON, OH 45410	31-1508554	501(C) (3)	24,400				PROGRAM OPERATING COSTS
EASTWAY CORPORATION PO BOX 983 DAYTON, OH 45401	31-0626223	501(C) (3)	17,663				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ELIZABETH'S NEW LIFE CENTER INC DAYTON 2201 N MAIN ST DAYTON, OH 45405	31-1381901	501(C) (3)	10,582				DONOR DESIGNATED GENERAL
FAMILY AND YOUTH INITIATIVES 468 N DAYTON-LAKEVIEW RD NEW CARLISLE, OH 45344	31-0960546	501(C) (3)	1,132				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY AND YOUTH INITIATIVES 468 N DAYTON-LAKEVIEW RD NEW CARLISLE, OH 45344	31-0960546	501(C) (3)	9,751				PROGRAM OPERATING COSTS
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	31-0561485	501(C) (3)	2,972				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE ASSOCIATION 2211 ARBOR BLVD DAYTON, OH 45439	31-0561485	501(C) (3)	63,337				PROGRAM OPERATING COSTS
FAMILY VIOLENCE PREVENTION CENTER OF GREENE COUNTY INC 380 BELLBROOK AVE XENIA, OH 45385	31-0992401	501(C) (3)	4,986				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY VIOLENCE PREVENTION CENTER OF GREENE COUNTY INC 380 BELLBROOK AVE XENIA, OH 45385	31-0992401	501(C) (3)	29,739				PROGRAM OPERATING COSTS
FISHERNIGHTINGALE HOUSES INC PO BOX 33871 WRIGHTPATTERSON AFB, OH 45433	31-1313382	501(C) (3)	14,039				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FORT HAMILTON HOSPITAL FOUNDATION 630 EATON AVENUE HAMILTON, OH 45013	45-2036966	501(C) (3)	7,820				DONOR DESIGNATED GENERAL
GIRL SCOUTS OF WESTERN OHIO 450 SHOUP MILL ROAD DAYTON, OH 45415	31-0579673	501(C) (3)	5,155				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA, VA 22314	52-1273585	501(C) (3)	15,790				DONOR DESIGNATED GENERAL
GOOD NEIGHBOR HOUSE 627 EAST FIRST STREET DAYTON, OH 45402	31-1374154	501(C) (3)	38,309				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOODWILL EASTER SEALS OF MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(C) (3)	9,752				DONOR DESIGNATED GENERAL
GOODWILL EASTER SEALS OF MIAMI VALLEY 660 SOUTH MAIN STREET DAYTON, OH 45402	31-0537112	501(C) (3)	10,407				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE UNITED METHODIST CHURCH 1001 HARVARD BOULEVARD DAYTON, OH 45406	31-0543283	501(C) (3)	38,600				PROGRAM OPERATING COSTS
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	31-0540159	501(C) (3)	9,855				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GRACEWORKS LUTHERAN SERVICES 6430 INNER MISSION WAY CENTERVILLE, OH 45459	31-0540159	501(C) (3)	14,676				PROGRAM OPERATING COSTS
GREENE COUNTY HOUSING 1080 EAST MAIN STREET XENIA, OH 45385	47-2064370	501(C) (3)	356				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GREENE COUNTY HOUSING 1080 EAST MAIN STREET XENIA, OH 45385	47-2064370	501(C) (3)	22,251				PROGRAM OPERATING COSTS
GREENE MEDICAL FOUNDATION 1141 NORTH MONRE DRIVER XENIA, OH 45385	23-7419897	501(C) (3)	35,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GROUNDWORK OHIO 172 EAST STATE STREET SUITE 400 COLUMBUS, OH 43215	59-3808297	501(C) (3)	10,000				DONOR DESIGNATED GENERAL
HABITAT FOR HUMANITY OF GREATER DAYTON 115 WEST RIVERVIEW AVENUE DAYTON, OH 45405	31-1104456	501(C) (3)	14,559				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH AND MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	94-3217739	501(C) (3)	24,921				DONOR DESIGNATED GENERAL
HOME IS THE (HIT) FOUNDATION 111 W SOMERS ST EATON, OH 45320	42-1580792	501(C) (3)	1,648				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOME IS THE (HIT) FOUNDATION 111 W SOMERS ST EATON, OH 45320	42-1580792	501(C) (3)	19,028				PROGRAM OPERATING COSTS
HOMEFULL 33 WEST FIRST STREET SUITE 100 DAYTON, OH 45402	31-1236989	501(C) (3)	11,865				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOMEFULL 33 WEST FIRST STREET SUITE 100 DAYTON, OH 45402	31-1236989	501(C) (3)	82,000				PROGRAM OPERATING COSTS
HONOR FLIGHT INC 300 EAST AUBURN AVENUE SPRINGFIELD, OH 45505	20-2751460	501(C) (3)	12,825				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	31-1076425	501(C) (3)	23,314				DONOR DESIGNATED GENERAL
HOUSE OF BREAD 9 ORTH AVENUE DAYTON, OH 45402	31-1076425	501(C) (3)	15,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMANE SOCIETY OF GREATER DAYTON 1661 NICHOLAS ROAD DAYTON, OH 45417	31-0537073	501(C) (3)	13,295				DONOR DESIGNATED GENERAL
HUMANE SOCIETY OF GREENE COUNTY PET THERAPY PROGRAM 187 BELLBROOK AVENUE XENIA, OH 45385	23-7146805	501(C) (3)	8,563				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KETTERING MEDICAL CENTER FOUNDATION 3535 SOUTHERN BLVD KETTERING, OH 45429	23-7419897	501(C) (3)	24,574				DONOR DESIGNATED GENERAL
KETTERING SEVENTH DAY ADVENTIST CHURCH 3939 STONEBRIDGE ROAD KETTERING, OH 45419	31-1337536	501(C) (3)	47,055				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
L & M PRODUCTS INC 201 E LEXINGTON ROAD EATON, OH 45320	31-0825168	501(C) (3)	1,559				DONOR DESIGNATED GENERAL
L & M PRODUCTS INC 201 E LEXINGTON ROAD EATON, OH 45320	31-0825168	501(C) (3)	7,176				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEGAL AID OF WESTERN OHIO INC 130 WEST SECOND STREET SUITE 700 WEST DAYTON, OH 45402	34-1485732	501(C) (3)	5,592				DONOR DESIGNATED GENERAL
LEGAL AID OF WESTERN OHIO INC 130 WEST SECOND STREET SUITE 700 WEST DAYTON, OH 45402	34-1485732	501(C) (3)	54,751				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE ESSENTIALS INC 40 SOUTH PERRY STREET SUITE 130 DAYTON, OH 45402	31-1324922	501(C) (3)	903				DONOR DESIGNATED GENERAL
LIFE ESSENTIALS INC 40 SOUTH PERRY STREET SUITE 130 DAYTON, OH 45402	31-1324922	501(C) (3)	12,906				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MEDICAL RESEARCH CHARITIES 125 WASHINGTON STREET SUITE 201 SALEM, MA 01970	94-3148591	501(C) (3)	6,112				DONOR DESIGNATED GENERAL
MIAMI VALLEY HOSPITAL FOUNDATION 31 WYOMING ST DAYTON, OH 45409	31-1040231	501(C) (3)	23,111				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 WOMEN'S CENTER INC 2345 W STROOP RD DAYTON, OH 45439	31-1068733	501(C) (3)	5,401				DONOR DESIGNATED GENERAL
MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA PO BOX 45754 SAN FRANCISCO, CA 94145	94-3193418	501(C) (3)	17,256				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILITARY SUPPORT GROUPS OF AMERICA 1100 LARKSPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	27-2242752	501(C) (3)	8,081				DONOR DESIGNATED GENERAL
MISSION OF MARY COOPERATIVE 619 SILVER LANE DAYTON, OH 45410	46-2231133	501(C) (3)	20,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OAKWOOD UNIVERSITY OFFICE OF ADVANCEMENT DEVELOPMENT 7000 ADVENTIST BOULEVARD NW HUNTSVILLE, AL 35896	63-0366652	501(C) (3)	7,217				DONOR DESIGNATED GENERAL
OHIO ORGANIZING COLLABORATIVE 25 E BOARDMAN ST STE 230 YOUNGSTOWN, OH 44503	26-1601472	501(C) (3)	40,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
OHIO'S HOSPICE OF DAYTON 324 WILMINGTON AVENUE DAYTON, OH 45420	31-0933339	501(C) (3)	56,047				DONOR DESIGNATED GENERAL
OMEGA COMMUNITY DEVELOPMENT CORPORATION 1821 EMERSON AVENUE DAYTON, OH 45406	31-1561713	501(C) (3)	28,600				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHWEST OHIO KETTERING-PHILIPS CENTER 224 NORTH WILKINSON DAYTON, OH 45402	31-0536688	501(C) (3)	9,117				DONOR DESIGNATED GENERAL
PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	31-0830453	501(C) (3)	2,965				DONOR DESIGNATED GENERAL

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PREBLE COUNTY COUNCIL ON AGING INC 800 EAST ST CLAIR STREET EATON, OH 45320	31-0830453	501(C) (3)	22,852				PROGRAM OPERATING COSTS
PREMIER HEALTH PARTNERS 110 N MAIN ST 500 DAYTON, OH 45402	31-1446699	501(C) (3)	5,000				PROGRAM OPERATING COSTS

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PROJECT READ C/O SINCLAIR COMMUNITY COLLEGE 444 WEST THIRD STREET DAYTON, OH 454021460	23-7032312	501(C) (3)	5,128				DONOR DESIGNATED GENERAL
PROJECT READ C/O SINCLAIR COMMUNITY COLLEGE 444 WEST THIRD STREET DAYTON, OH 454021460	23-7032312	501(C) (3)	42,600				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF THE MIAMI VALLEY REGION INC 555 VALLEY STREET DAYTON, OH 45404	31-0964793	501(C) (3)	10,506				DONOR DESIGNATED GENERAL
SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	31-0592759	501(C) (3)	4,848				DONOR DESIGNATED GENERAL

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

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SENIOR RESOURCE CONNECTION 222 SALEM AVE DAYTON, OH 45406	31-0592759	501(C) (3)	140,000				PROGRAM OPERATING COSTS
SICSA PET THERAPY PROGRAM 2600 WILMINGTON PIKE DAYTON, OH 45419	23-7367199	501(C) (3)	9,905				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIAL SERVICES INC 124 WEST APPLLET ST DAYTON, OH 45402	31-1132259	501(C) (3)	36,752				DONOR DESIGNATED GENERAL
ST VINCENT DEPAUL SOCIETY DISTRICT COUNCIL OF DAYTON OHIO 124 WEST APPLLET ST DAYTON, OH 45402	31-1011485	501(C) (3)	5,566				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENTH LIFE 3944 BARBERRY BLVD BEAVERCREEK, OH 45440	31-1127562	501(C) (3)	7,567				DONOR DESIGNATED GENERAL
THE CHILDREN'S MEDICAL CENTER OF DAYTON ONE CHILDRENS PLAZA DAYTON, OH 45404	31-0672132	501(C) (3)	7,681				DONOR DESIGNATED GENERAL

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

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THE FOODBANK INC 56 ARMOUR PLACE DAYTON, OH 45417	86-1082880	501(C) (3)	27,460				DONOR DESIGNATED GENERAL
THE FOODBANK INC 56 ARMOUR PLACE DAYTON, OH 45417	86-1082880	501(C) (3)	128,857				PROGRAM OPERATING COSTS

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

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THE GRANDVIEW FOUNDATION 405 GRAND AVENUE DAYTON, OH 45405	31-1649591	501(C) (3)	17,516				DONOR DESIGNATED GENERAL
THE NEW PATH 7695 S COUNTRY RD 25A TIPP CITY, OH 45371	31-1710997	501(C) (3)	5,000				PROGRAM OPERATING COSTS

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

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THE SALVATION ARMY PO BOX 88517 PO BOX INDIANAPOLIS, IN 46208	58-0660607	501(C) (3)	6,678				DONOR DESIGNATED GENERAL
THE SALVATION ARMY PO BOX 88517 PO BOX INDIANAPOLIS, IN 46208	58-0660607	501(C) (3)	5,000				PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 118 WEST FIRST STREET SUITE 300 DAYTON, OH 45402	31-0537517	501(C) (3)	10,438				DONOR DESIGNATED GENERAL
UNITED REHABILITATION SERVICES OF GREATER DAYTON 4710 OLD TROY PIKE DAYTON, OH 45424	31-0592919	501(C) (3)	16,888				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED REHABILITATION SERVICES OF GREATER DAYTON 4710 OLD TROY PIKE DAYTON, OH 45424	31-0592919	501(C) (3)	34,500				PROGRAM OPERATING COSTS
UNITED WAY GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	34-6516654	501(C) (3)	15,586				DONOR DESIGNATED GENERAL

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

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UNITED WAY OF CENTRAL INDIANA 3901 NORTH MERIDIAN STREET PO BOX 88409 INDIANAPOLIS, IN 46208	35-1007590	501(C) (3)	9,209				DONOR DESIGNATED GENERAL
UNITED WAY OF CENTRAL OHIO INC 360 S THIRD STREET COLUMBUS, OH 43215	31-4393712	501(C) (3)	11,923				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CLARK CHAMPAIGN & MADISON MADISON COUNTIES 120 S CENTER STREET 2ND FLOOR SPRINGFIELD, OH 45502	31-0549095	501(C) (3)	16,081				DONOR DESIGNATED GENERAL
UNITED WAY OF GREATER CINCINNATI & N KENTUCKY 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C) (3)	13,014				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 METRO ATLANTA 100 EDGEWOOD AVENUE NE ATLANTA, GA 30303	58-0566194	501(C) (3)	5,300				DONOR DESIGNATED GENERAL
UNITED WAY OF METRO LOUISVILLE KENTUCKY 334 EAST BROADWAY PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C) (3)	9,172				DONOR DESIGNATED GENERAL

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

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UNITED WAY OF MIAMI COUNTY 233 SOUTH MARKET STREET TROY, OH 453733326	31-0619209	501(C) (3)	12,480				DONOR DESIGNATED GENERAL
UNITED WAY OF TIPP CITY AREA INC 12 SOUTH THIRD STREET TIPP CITY, OH 45371	23-7120582	501(C) (3)	8,660				DONOR DESIGNATED GENERAL

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

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UNITED WAY OF TROY OHIO INC 233 SOUTH MARKET STREET TROY, OH 453733326	31-0619209	501(C) (3)	5,180				DONOR DESIGNATED GENERAL
UNITED WAY OF WARREN COUNTY 3989 S STATE ROUTE 42 LEBANON, OH 45036	23-7132362	501(C) (3)	19,394				DONOR DESIGNATED GENERAL

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

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WE CARE ARTS 3035 WILMINGTON PIKE DAYTON, OH 45429	31-1295721	501(C) (3)	6,252				DONOR DESIGNATED GENERAL
WESCARE OHIOEAST END COMMUNITY SERVICES 624 XENIA AVE DAYTON, OH 45410	31-1508554	501(C) (3)	6,906				DONOR DESIGNATED GENERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259	501(C) (3)	5,620				DONOR DESIGNATED GENERAL
WESLEY COMMUNITY CENTER INC 3730 DELPHOS AVENUE DAYTON, OH 45417	30-0203259	501(C) (3)	59,563				PROGRAM OPERATING COSTS

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

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WOUNDED WARRIOR PROJECT WWP INC 4899 BELFORT ROAD SUITE 300 JACKSONVILLE, FL 32256	20-2370934	501(C) (3)	5,660				DONOR DESIGNATED GENERAL
XENIA ADULT RECREATION AND SERVICES CENTER 130 E CHURCH ST XENIA, OH 45385	38-1890999	501(C) (3)	7,950				DONOR DESIGNATED GENERAL

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

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XENIA ADULT RECREATION AND SERVICES CENTER 130 E CHURCH ST XENIA, OH 45385	38-1890999	501(C) (3)	17,253				PROGRAM OPERATING COSTS
YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER 320 CORRY STREET YELLOW SPRINGS, OH 45387	31-6001024	501(C) (3)	314				DONOR DESIGNATED GENERAL

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

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YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER 320 CORRY STREET YELLOW SPRINGS, OH 45387	31-6001024	501(C) (3)	9,751				PROGRAM OPERATING COSTS
YWCA OF DAYTON 141 WEST THIRD STREET DAYTON, OH 45402	31-0537168	501(C) (3)	11,354				DONOR DESIGNATED GENERAL

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YWCA OF DAYTON 141 WEST THIRD STREET DAYTON, OH 45402	31-0537168	501(C) (3)	67,888				PROGRAM OPERATING COSTS

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

2017**Open to Public Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE UNITED WAY OF THE GREATER DAYTON
AREA

Employer identification number

31-0536658

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE UNITED WAY HAS A FINANCE AND AUDIT COMMITTEE THAT MEETS THROUGHOUT THE FISCAL YEAR AND IS COMPRISED OF A TREASURER, OTHER BOARD OF TRUSTEES MEMBERS, AND OTHER VOLUNTEERS WITH FINANCIAL BACKGROUNDS THE TREASURER REPORTS MONTHLY TO EITHER THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES OR THE FULL BOARD OF TRUSTEES THE FINANCE AND AUDIT COMMITTEE HAS WORKING KNOWLEDGE OF THE FINANCIAL STATEMENTS, AUDIT PROCESS, AND FINANCIAL PROCEDURES THIS COMMITTEE REVIEWS AND APPROVES THE FORM 990 AS PART OF ITS MEETINGS PRIOR TO THE FILING THE FINANCIAL STATEMENTS ARE REVIEWED WITH THE BOARD OF TRUSTEES OR EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES MONTHLY THE AUDITED FINANCIAL STATEMENTS AND THE 990 ARE ALSO DISTRIBUTED TO THE BOARD OF TRUSTEES BEFORE PUBLISHING AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AND VOLUNTEERS ALL INDIVIDUALS SIGN A STATEMENT THAT THEY HAVE RECEIVED AND UNDERSTAND THE CODE OF CONDUCT POLICY AN ETHICS OFFICER MANAGES AND OVERSEES ALL ASPECTS OF THE CODE OF CONDUCT INCLUDING COMMUNICATION OF POLICY, NOTIFICATION AND INVESTIGATIONS OF BREECHES, EDUCATION, AND ENFORCEMENT THE POLICY STATEMENTS ARE RESIGNED ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES PERIODICALLY REVIEWS THE PERFORMANCE EVALUATION OF THE CEO AND KEY EMPLOYEES AND DETERMINES COMPENSATION BASED ON PERFORMANCE, YEARS OF SERVICE, COMPARABLE NOT-FOR-PROFIT SALARY LEVELS, AND UNITED WAY SALARY RANGES AND BENCHMARKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ON THE UNITED WAY WEBSITE AND ALSO AVAILABLE UPON REQUEST ALL OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DEFINED BENEFIT PLAN ADJUSTMENT -235,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C	THE BOARD OF TRUSTEES AND THE FINANCE AND AUDIT COMMITTEE HAVE THE RESPONSIBILITY OF SELECTING THE INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR