

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific instructions.	C Name of organization THE UNITED WAY OF THE GREATER DAYTON AREA		D Employer identification number 31-0536658
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 184 SALEM AVENUE		E Telephone number (937) 225-3001
		City or town, state or country, and ZIP + 4 DAYTON, OH 45406		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: WWW.DAYTON-UNITEDWAY.ORG

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 16,514,164.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	12,719,186.		
	b Indirect public support	1b	2,732,123.		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 15,418,779. noncash \$ 32,530.)	1d			15,451,309.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			1,031,084.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			31,671.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe ▶)	7				
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
		8a	100.		
	b Less: cost or other basis and sales expenses	8b	250.		
	c Gain or (loss) (attach schedule)	8c	-150.		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		STMT 1	-150.	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			16,513,914.	
Expenses	13 Program services (from line 44, column (B))	13			13,363,327.
	14 Management and general (from line 44, column (C))	14			781,596.
	15 Fundraising (from line 44, column (D))	15			2,071,835.
	16 Payments to affiliates (attach schedule) SEE STATEMENT 2	16			119,876.
	17 Total expenses (add lines 16 and 44, column (A))	17			16,336,634.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			177,280.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			15,403,078.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20			283,066.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			15,863,424.

Part II Statement of Functional Expenses All organizations must complete column (A), Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) cash \$11938825 noncash \$	11,938,825.	11,938,825.	STATEMENT 9	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	265,173.	0.	121,393.	143,780.
26	Other salaries and wages	1,573,618.	731,548.	51,096.	790,974.
27	Pension plan contributions	72,350.	24,499.	13,164.	34,687.
28	Other employee benefits	103,206.		8,295.	94,911.
29	Payroll taxes	170,375.	60,102.	27,770.	82,503.
30	Professional fundraising fees				
31	Accounting fees	674,316.	227,041.	213,054.	234,221.
32	Legal fees				
33	Supplies	26,304.	3,049.	14,643.	8,612.
34	Telephone	65,980.	25,672.	8,967.	31,341.
35	Postage and shipping	61,272.	6,745.	21,015.	33,512.
36	Occupancy	207,403.	65,725.	34,847.	106,831.
37	Equipment rental and maintenance	123,143.	10,317.	103,817.	9,009.
38	Printing and publications	225,074.	3,261.	13,772.	208,041.
39	Travel	33,823.	7,744.	4,919.	21,160.
40	Conferences, conventions, and meetings	90,863.	33,152.	23,586.	34,125.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule) ...	317,783.	87,593.	67,513.	162,677.
43	Other expenses not covered above (itemize):				
a				
b				
c				
d				
e	SEE STATEMENT 4	267,250.	138,054.	53,745.	75,451.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	16,216,758.	13,363,327.	781,596.	2,071,835.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	SEE STATEMENT 6				
			(Grants and allocations \$ 0.)		11,938,825.
b	SEE STATEMENT 7				
			(Grants and allocations \$)		553,821.
c	SEE STATEMENT 8				
			(Grants and allocations \$)		689,582.
d	SPECIAL PROJECTS-MAKING A COMMUNITY IMPACT ON HOMELESSNESS THROUGH THE SHELTER POLICY BOARD AND HOMELESS MANAGEMENT INFORMATION SYSTEM.				
			(Grants and allocations \$)		181,099.
e	Other program services (attach schedule)		(Grants and allocations \$)		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				13,363,327.

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Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing	4,293,043.	4,939,996.	
	46 Savings and temporary cash investments			
	47 a Accounts receivable	284,044.		
	b Less: allowance for doubtful accounts	178,872.	284,044.	
	48 a Pledges receivable	12,906,287.		
	b Less: allowance for doubtful accounts	2,510,482.	10,395,805.	
	49 Grants receivable			
	50 Receivables from officers, directors, trustees, and key employees			
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			
	52 Inventories for sale or use			
	53 Prepaid expenses and deferred charges			
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation			
	56 Investments - other	SEE STATEMENT 10	1,267,441.	1,531,733.
	57 a Land, buildings, and equipment: basis	6,490,361.		
	b Less: accumulated depreciation	4,016,434.	2,473,927.	
	58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 11)		2,692,552.	2,835,225.
59 Total assets (add lines 45 through 58) (must equal line 74)		22,195,950.	22,460,730.	
Liabilities	60 Accounts payable and accrued expenses	823,578.	351,218.	
	61 Grants payable	5,961,669.	6,246,088.	
	62 Deferred revenue			
	63 Loans from officers, directors, trustees, and key employees			
	64 a Tax-exempt bond liabilities			
	b Mortgages and other notes payable			
	65 Other liabilities (describe <input type="checkbox"/> SELF INSURANCE)		7,625.	0.
66 Total liabilities (add lines 60 through 65)		6,792,872.	6,597,306.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	6,069,123.	6,456,414.	
	68 Temporarily restricted	8,650,120.	8,635,884.	
	69 Permanently restricted	683,835.	771,126.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds			
	71 Paid-in or capital surplus, or land, building, and equipment fund			
	72 Retained earnings, endowment, accumulated income, or other funds			
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		15,403,078.	15,863,424.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		22,195,950.	22,460,730.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 5,035.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed OHIO		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 51		
91	The books are in care of LOLA BENNETT Telephone no. 937-225-3118		
	Located at 184 SALEM AVENUE, DAYTON, OH ZIP + 4 45406		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

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12-17-03

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SERVICE INCOME					933,994.
b INFORMATION & REFERRAL					97,090.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	31,671.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-150.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		31,521.	1,031,084.
105 Total (add line 104, columns (B), (D), and (E))					1,062,605.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 17

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here: 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.

Signature of officer: *[Signature]* Date: 8/9/04 Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 8/6/04 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: CLARK, SCHAEFER, HACKETT & CO. 40 N. MAIN ST, STE 800, KETTERING TOWER DAYTON, OH 45423

EIN: _____ Phone no.: (937) 226-0070

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2003

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAYNE MURPHY ----- 437 VOLUSIA AVE., DAYTON, OH 45409	FULL	86,608.	9,114.	
JAMES KEENEY ----- 303 LAKENGREN DRIVE, EATON, OH 45320	FULL	71,835.	9,300.	6,565.
JULIE CRUSENBERRY ----- 887 AUTUMN LEAF BEAVERCREEK, OH 45430	FULL	63,389.	10,026.	
JOHN O'BRYAN ----- 76 W RIDGEWAY DR, CENTRVILLE, OH 45459	FULL	61,489.	9,685.	
NANCY SCHIFFER ----- 4814 ARROWHEAD, DAYTON, OH 45440	FULL	62,244.	2,205.	
Total number of other employees paid over \$50,000 ▶	4			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ANDERSON SECURITY ----- 460 S. DIXIE, DAYTON, OHIO	SECURITY	59,538.
JANI KING OF DAYTON ----- 77 W ELMWOOD DR., DAYTON, OH	JANITORIAL	61,857.
----- ----- ----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ <u>46,536</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **►** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

THE UNITED WAY OF THE GREATER DAYTON

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16,636,344.	16,429,282.	17,742,126.	17,422,499.	68,230,251.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,175,702.	1,202,302.	1,114,090.	1,110,213.	4,602,307.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	56,648.	166,455.	183,129.	123,058.	529,290.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	17,868,694.	17,798,039.	19,039,345.	18,655,770.	73,361,848.
24 Line 23 minus line 17	16,692,992.	16,595,737.	17,925,255.	17,545,557.	68,759,541.
25 Enter 1% of line 23	178,687.	177,980.	190,393.	186,558.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 1,375,191.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 18,809,099.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 68,759,541.
d Add: Amounts from column (e) for lines: 18 529,290. 19 18,809,099. 22 ▶					26d 19,338,389.
e Public support (line 26c minus line 26d total) ▶					26e 49,421,152.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 71.8753%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2002) (2001) (2000) (1999)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2002) (2001) (2000) (1999)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21 ▶					27c N/A
d Add: Line 27a total and line 27b total ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations																
(The term "expenditures" means amounts paid or incurred.)																			
		N/A																	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	46,536.																
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.																
38	Total lobbying expenditures (add lines 36 and 37)	38	46,536.																
39	Other exempt purpose expenditures	39	10,871,090.																
40	Total exempt purpose expenditures (add lines 38 and 39)	40	10,917,626.																
41	Lobbying nontaxable amount. Enter the amount from the following table -																		
<table border="0"> <tr> <td colspan="2">If the amount on line 40 is -</td> <td colspan="2">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td rowspan="5">} 41</td> <td rowspan="5">695,881.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>				If the amount on line 40 is -		The lobbying nontaxable amount is -		Not over \$500,000	20% of the amount on line 40	} 41	695,881.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 40 is -		The lobbying nontaxable amount is -																	
Not over \$500,000	20% of the amount on line 40	} 41	695,881.																
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000																		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000																		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000																		
Over \$17,000,000	\$1,000,000																		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	173,970.																
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.																
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.																

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	695,881.	693,379.	732,778.	743,009.	2,865,047.
46					4,297,571.
47	46,536.	63,846.	60,164.	46,701.	217,247.
48	173,970.	173,345.	183,195.	185,752.	716,262.
49					1,074,393.
50	46,536.	63,846.	60,164.	46,701.	217,247.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

Table with columns (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X)

b If "Yes," complete the following schedule: N/A

Table with columns (a) Name of organization, (b) Type of organization, (c) Description of relationship

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	100.	250.	0.	0.	-150.
TO FM 990, PART I, LN 8	100.	250.	0.	0.	-150.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
<u>AFFILIATE'S NAME</u>		<u>AFFILIATE'S ADDRESS</u>	
UNITED WAY OF AMERICA			
<u>PURPOSE OF PAYMENT</u>		<u>AMOUNT</u>	
DUES		119,876.	
TOTAL TO FORM 990, PART I, LINE 16		119,876.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
<u>DESCRIPTION</u>		<u>AMOUNT</u>	
UNREALIZED GAIN ON INVESTMENTS		197,439.	
UNREALIZED GAIN ON INVESTMENTS		87,290.	
DECREASE IN CASH SURRENDER VALUE OF LIFE INSURANCE		-1,663.	
TOTAL TO FORM 990, PART I, LINE 20		283,066.	

FORM 990	OTHER EXPENSES			STATEMENT	4
<u>DESCRIPTION</u>	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
SUBSCRIPTIONS	2,872.	763.	654.	1,455.	
MEMBERSHIP DUES	11,512.	3,304.	2,689.	5,519.	
ADMINISTRATIVE	50,000.	0.	0.	50,000.	
MISCELLANEOUS	152,764.	123,030.	11,257.	18,477.	
OHIO UNITED WAY DUES	48,932.	9,787.	39,145.		
ADULT EMERGENCY ASSISTANCE	1,170.	1,170.			
TOTAL TO FM 990, LN 43	267,250.	138,054.	53,745.	75,451.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
 PART III

EXPLANATION

TO ASSIST IN HARMONIZING AND MAKING MORE EFFICIENT THE WORK OF CHARITABLE, PHILANTHROPIC, ELEEMOSYNARY, AND BENEVOLENT ORGANIZATIONS OF THE UNITED WAY'S PRINCIPAL SERVICE AREA.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

ALLOCATIONS AND AGENCY RELATIONS--THE COUNCIL IS MADE UP OF DIVERSE COMMUNITY VOLUNTEERS WHICH DETERMINED THE ALLOCATIONS AND DISTRIBUTION OF FUNDS TO VARIOUS LOCAL AGENCIES. FUNDING DECISIONS ENCOURAGE COLLABORATION, NON-DUPLICATION OF SERVICE, AND MEASURABLE IMPACT ON OUR COMMUNITY. DURING 2003, 50 AGENCIES RECEIVED ALLOCATIONS.

	<u>GRANTS</u>	<u>EXPENSES</u>
TO FORM 990, PART III, LINE A	0.	11,938,825.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

INFORMATION AND REFERRAL - 24 HR. A DAY PROGRAM LINKING LOCAL PEOPLE IN NEED TO SERVICES PROVIDING ASSISTANCE, GENERAL INFORMATION AND CRISIS COUNSELING, ETC. AGENCY OFTEN PROVIDING AN ADDITIONAL COMMUNITY NEED IN TIMES OF CRISIS. (E.G. WAR RESPONSE, Y2K, TRAVELER'S AID FOR INVENTING FLIGHT)

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		553,821.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 8

DESCRIPTION OF PROGRAM SERVICE THREE

DIRECT SERVICES AND OTHER SERVICES - REPRESENTS MISCELLANEOUS EXPENDITURES FOR COMMUNITY SERVICES SUCH AS A LABOR FOOD PANTRY, COMMUNITY COUNSELING CLASSES, COMMUNITY CRISIS RESPONSE, RESOURCES FOR AGENCIES AND FLU SHOTS FOR EMPLOYEES OF LOCAL COMPANIES AS WELL AS THE GENERAL POPULATION.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE C		689,582.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 9

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	AMERICAN RED CROSS		NONE	1341126.
	FAMILY SERVICE ASSOCIATION		NONE	593,207.
	CATHOLIC SOCIAL SERVICES		NONE	574,740.

HOSPICE OF DAYTON	NONE	227,601.
YWCA - DAYTON	NONE	430,248.
DAYTON BOYS & GIRLS CLUB	NONE	289,588.
DAYTON URBAN LEAGUE	NONE	239,265.
UNITED REHABILITATION SERVICES	NONE	263,132.
VISITING NURSES ASSOCIATION	NONE	214,521.
SENIOR RESOURCE CONNECTION	NONE	212,001.
DAYBREAK	NONE	244,622.
OTHER - DETAILED PRINTOUT AVAILABLE	NONE	7308774.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22 11938825.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS MANAGED BY DAYTON FOUNDATION	MARKET VALUE	1,531,733.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		<u>1,531,733.</u>

FORM 990 OTHER ASSETS STATEMENT 11

DESCRIPTION	AMOUNT
SUPPLIES	161,465.
CASH SURRENDER VALUE OF LIFE INSURANCE	1,902,635.
INTEREST IN DAYTON FOUNDATION ENDOWMENT	771,125.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>2,835,225.</u>

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	12
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DESCRIPTION	AMOUNT
INCREASE (DECREASE) IN CASH SURRENDER VALUE LIFE INSURANCE	-1,663.
LOSS ON ASSET DISPOSAL	150.
TOTAL TO FORM 990, PART IV-A	<u>-1,513.</u>

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	13
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DESCRIPTION	AMOUNT
LOSS ON ASSET DISPOSAL	150.
TOTAL TO FORM 990, PART IV-B	<u>150.</u>

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT	14
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DESCRIPTION	AMOUNT
DONOR DESIGNATED GRANTS	6,248,491.
TOTAL TO FORM 990, PART IV-A	<u>6,248,491.</u>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	15
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DESCRIPTION	AMOUNT
DONOR DESIGNATED GRANTS	6,248,491.
TOTAL TO FORM 990, PART IV-B	<u>6,248,491.</u>

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEVE BEINLICH ONE FIFTH THIRD CENTER DAYTON, OH 45402	CHAIR OF BOARD & CVO PART	0.	0.	0.
MARC LEVY 184 SALEM AVE. DAYTON, OH 45406	PRESIDENT & CPO FULL	149,637.	15,193.	7,200.
BILL THORNTON ONE WYOMING ST. DAYTON, OH 45409	1ST VICE CHAIRMAN PART	0.	0.	0.
RICHARD L. ROWE 2000 W. DOROTHY LANE DAYTON, OH 45439	TREASURER PART	0.	0.	0.
RON AMOS 10 N. LUDLOW ST. DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
ANNETTE CASELLA 2393 SHELTERWOOD DR. DAYTON, OH 45409	DIRECTOR PART	0.	0.	0.
MARVA COSBY 3100 RESEARCH BOULEVARD DAYTON, OH 45420	DIRECTOR PART	0.	0.	0.
DANIEL DELANO 756 AUTUMN LEAF DRIVE DAYTON, OH 45430	DIRECTOR PART	0.	0.	0.
ALLEN ELIJAH 831 GLENSDEL DRIVE DAYTON, OH 45427	DIRECTOR PART	0.	0.	0.
WILLIAM NIX P.O. BOX 292982 DAYTON, OH 45429	DIRECTOR PART	0.	0.	0.
JOHN NORTH 184 SALEM AVE. DAYTON, OH 45406	DIRECTOR PART	0.	0.	0.

ERIC CLUXTON 110 N. MAIN ST. DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
GEORGENE H. DAWSON 1900 DRYDEN RD. DAYTON, OH 45439	DIRECTOR PART	0.	0.	0.
RICHARD WEIS 2455 DAYTON XENIA RD. DAYTON, OH 45434-7199	GREENE CO. BOARD CHAIR PART	0.	0.	0.
WESLEY WELLS 4127 E. SECOND ST. DAYTON, OH 45403	DIRECTOR PART	0.	0.	0.
JOEY WILLIAMS P.O. BOX 1103 DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
LOLA BENNETT 184 SALEM AVE. DAYTON, OH 45406	CFO FULL	81,509.	11,168.	0.
ANNIE THROCKMORTON 184 SALEM AVE. DAYTON, OH 45406	DIRECTOR FULL	34,027.	8,017.	0.
GARY AUMAN ONE FIFTH THIRD CENTER DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
SISTER CAROL BAUER 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	DIRECTOR PART	0.	0.	0.
DANIEL COVEY 717 E. DAVID ROAD DAYTON, OH 45429	DIRECTOR PART	0.	0.	0.
WILLIAM DUDLEY 913 LEBANON STREET MONROE, OH 45050	DIRECTOR PART	0.	0.	0.
LYNDA HOFFMAN 40 N. MAIN ST. SUITE 2680 DAYTON, OH 45423	DIRECTOR PART	0.	0.	0.
SHARON HOWARD 4595 S. DIXIE DR. DAYTON, OH 45439	DIRECTOR PART	0.	0.	0.

INVENTING FLIGHT.)

The United Way of the Greater Dayton Area
EIN: 31-0536658
Tax Year Ending December 31, 2003

Form 990, part IV, line 57

	<u>12/31/2003</u>	<u>12/31/2002</u>
Land and improvements	\$ 661,039	661,039
Building and improvements	4,996,404	4,990,149
Equipment	<u>832,918</u>	<u>880,625</u>
	6,490,361	6,531,813
Less accumulated depreciation	<u>(4,016,434)</u>	<u>(3,791,786)</u>
Property, net	<u>\$ 2,473,927</u>	<u>2,740,027</u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization The United Way of the Dayton Area	Employer identification number 31-0536658
	Number, street, and room or suite no. If a P.O. box, see instructions. 184 Salem Avenue	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Dayton, OH 45406	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• If the organization does **not** have an office or place of business in the United States, check this box

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until August 16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2003 or

▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Handwritten Signature] CPA

Title ▶ _____ Date ▶ 5/7/04

For Paperwork Reduction Act Notice, see Instruction