

THE UNITED WAY OF THE GREATER
DAYTON AREA

FEDERAL 990

FOR THE YEAR ENDING JUNE 30, 2005

DISCLOSURE COPY

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 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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 Number and street (or P O box if mail is not delivered to street address) Room/suite 184 SALEM AVENUE City or town, state or country, and ZIP + 4 DAYTON, OH 45406	D Employer identification number 31-0536658 E Telephone number (937) 225-3001 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

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.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **16,025,086.**

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

		1 Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	11,841,242.	
	b	Indirect public support	1b	3,025,456.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 14,844,785. noncash \$ 21,913.)	1d	14,866,698.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,085,881.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	72,507.	
	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	8a		
		(A) Securities	(B) Other		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
	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	16,025,086.	
	13	Program services (from line 44, column (B))	13	12,417,474.	
	14	Management and general (from line 44, column (C))	14	721,845.	
	15	Fundraising (from line 44, column (D))	15	2,250,383.	
	16	Payments to affiliates (attach schedule) SEE STATEMENT 1	16	116,284.	
	17	Total expenses (add lines 16 and 44, column (A))	17	15,505,986.	
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	519,100.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,696,196.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	119,999.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	8,335,295.	

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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 \$ 10959446 noncash \$)	10,959,446.	10,959,446.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	305,230.	0.	133,053.	172,177.
26	Other salaries and wages	1,342,472.	642,087.		700,385.
27	Pension plan contributions	99,137.	23,941.	41,389.	33,807.
28	Other employee benefits	369,351.	91,634.	41,133.	236,584.
29	Payroll taxes	172,389.	59,935.	26,726.	85,728.
30	Professional fundraising fees				
31	Accounting fees	612,246.	201,867.	174,983.	235,396.
32	Legal fees				
33	Supplies	32,005.	6,769.	14,290.	10,946.
34	Telephone	73,700.	29,323.	15,280.	29,097.
35	Postage and shipping	64,232.	8,512.	18,405.	37,315.
36	Occupancy	202,153.	68,381.	29,876.	103,896.
37	Equipment rental and maintenance	156,324.	79,328.	70,827.	6,169.
38	Printing and publications	344,114.	8,656.	25,565.	309,893.
39	Travel	32,497.	7,749.	4,411.	20,337.
40	Conferences, conventions, and meetings	102,377.	27,361.	24,918.	50,098.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	263,731.	63,416.	56,209.	144,106.
43	Other expenses not covered above (itemize):				
a	SUBSCRIPTIONS	2,949.	672.	222.	2,055.
b	MEMBERSHIP DUES	10,077.	2,677.	1,668.	5,732.
c	ADMINISTRATIVE	94,000.	43,000.	0.	51,000.
d	MISCELLANEOUS	106,857.	83,837.	7,358.	15,662.
e	OHIO UNITED WAY DUES	44,415.	8,883.	35,532.	0.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	15,389,702.	12,417,474.	721,845.	2,250,383.

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 3**

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 4				
		(Grants and allocations \$)			10,959,446.
b	SEE STATEMENT 5				
		(Grants and allocations \$)			575,577.
c	SEE STATEMENT 6				
		(Grants and allocations \$)			704,319.
d	SPECIAL PROJECTS-MAKING A COMMUNITY IMPACT ON HOMELESSNESS THROUGH THE SHELTER POLICY BOARD AND HOMELESS MANAGEMENT INFORMATION SYSTEM.				
		(Grants and allocations \$)			178,132.
e	Other program services (attach schedule)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				12,417,474.

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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	4,361,098.	45	4,487,912.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	47a 446,008.			
	b Less: allowance for doubtful accounts	47b	47c	446,008.	
	48 a Pledges receivable	48a 7,948,686.			
	b Less: allowance for doubtful accounts	48b 2,207,476.	5,670,311.	48c	5,741,210.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable	51a		51c	
	b Less: allowance for doubtful accounts	51b		52	
	52 Inventories for sale or use			53	
	53 Prepaid expenses and deferred charges			54	
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			
	55 a Investments - land, buildings, and equipment: basis	55a		55c	
	b Less: accumulated depreciation	55b			
	56 Investments - other	SEE STATEMENT 8	1,557,202.	56	1,594,611.
	57 a Land, buildings, and equipment: basis	57a 6,686,127.			
	b Less: accumulated depreciation	57b 4,387,187.	2,342,385.	57c	2,298,940.
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 9)		2,859,990.	58	2,952,687.	
59 Total assets (add lines 45 through 58) (must equal line 74)		17,021,521.	59	17,521,368.	
Liabilities	60 Accounts payable and accrued expenses	409,365.	60	458,456.	
	61 Grants payable	8,915,960.	61	8,727,617.	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe <input type="checkbox"/>)			65	
66 Total liabilities (add lines 60 through 65)		9,325,325.	66	9,186,073.	
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	4,722,863.	67	5,264,751.	
	68 Temporarily restricted	2,187,930.	68	2,266,247.	
	69 Permanently restricted	785,403.	69	804,297.	
	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		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	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)		7,696,196.	73	8,335,295.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		17,021,521.	74	17,521,368.

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	76	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	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81b	X
b	Did the organization file Form 1120-POL for this year?		
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?	82a	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 1,050.		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	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	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
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.	85b	
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	85g	
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	85h	
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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/>		
90 a	List the states with which a copy of this return is filed <input type="text" value="OHIO"/>		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 44		
91	The books are in care of <input type="text" value="BRUCE BROWN AND MARC LEVY"/> Telephone no <input type="text" value="937-225-3118"/>		
	Located at <input type="text" value="184 SALEM AVENUE, DAYTON, OH"/> ZIP + 4 <input type="text" value="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		

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

Note: Enter gross amounts unless otherwise indicated.

	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					985,419.
b INFORMATION & REFERRAL					100,462.
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	72,507.	
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					
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.		72,507.	1,085,881.
105 Total (add line 104, columns (B), (D), and (E))					1,158,388.

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 12

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).

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.

Please Sign Here: *[Signature]* 4/7/06 President + CEO Marc Lutz

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 4/7/06 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

2004

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
VICKI HAHN ----- 184 SALEM AVE, DAYTON, OH 45406	HR DIRECTOR FULL	50,656.	3,047.	
JAYNE KLOSE ----- 184 SALEM AVE, DAYTON, OH 45406	VP COMMUN. FULL	85,224.	4,656.	
JULIE CRUSENBERRY ----- 184 SALEM AVE, DAYTON, OH 45406	VP RES. DEV. FULL	66,434.	3,630.	
JAMES KEENEY ----- 184 SALEM AVE, DAYTON, OH 45406	VP LABOR FULL	79,227.	3,953.	
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

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
RIECH MECHANICAL SYSTEMS ----- DAYTON, OH 45406	REPAIRS AND MAINTENANCE	222,107.
JANI-KING OF DAYTON ----- DAYTON, OH 45406	REPAIRS AND MAINTENANCE	65,408.
ANDERSON SECURITY ----- DAYTON, OH 45406	SECURITY SERVICES	54,574.
----- ----- -----		
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>23,000.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) VI-A, LINE 38B	X	
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		
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		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.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 5 of the instructions.)

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Schedule A (Form 990 or 990-EZ) 2004 AREA

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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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,254,658.	16,011,846.	16,636,344.	16,429,282.	55,332,130.
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	677,326.	801,554.	909,008.	1,202,302.	3,590,190.
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	135,801.	261,201.	323,342.	166,455.	886,799.
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	7,067,785.	17,074,601.	17,868,694.	17,798,039.	59,809,119.
24 Line 23 minus line 17	6,390,459.	16,273,047.	16,959,686.	16,595,737.	56,218,929.
25 Enter 1% of line 23	70,678.	170,746.	178,687.	177,980.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 1,124,379.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 11,370,494.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 56,218,929.
d Add: Amounts from column (e) for lines: 18 886,799. 19					26d 12,257,293.
22					26b 11,370,494.
e Public support (line 26c minus line 26d total)					26e 43,961,636.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 78.1972%
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					
(2003)	(2002)	(2001)	(2000)		
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					
(2003)	(2002)	(2001)	(2000)		
c Add: Amounts from column (e) for lines: 15	16				
17	20	21			
d Add: Line 27a total	and line 27b total				
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 2000 through 2003, 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.

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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? 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?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

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 (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	23,000.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	0.
38	Total lobbying expenditures (add lines 36 and 37)	38	23,000.
39	Other exempt purpose expenditures	39	9,823,311.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	9,846,311.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
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	160,579.
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45	Lobbying nontaxable amount	642,316.	679,177.	693,379.	732,778.	2,747,650.
46	Lobbying ceiling amount (150% of line 45(e))					4,121,475.
47	Total lobbying expenditures	23,000.	23,450.	63,846.	60,164.	170,460.
48	Grassroots nontaxable amount	160,579.	169,794.	173,345.	183,195.	686,913.
49	Grassroots ceiling amount (150% of line 48(e))					1,030,370.
50	Grassroots lobbying expenditures	23,000.	23,450.	63,846.	60,164.	170,460.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

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		704,319.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	AMERICAN RED CROSS		NONE	990,701.
	FAMILY SERVICE ASSOCIATION		NONE	508,940.
	YWCA OF DAYTON		NONE	410,844.
	SENIOR RESOURCE CONNECTION		NONE	355,465.
	HELPLINK		NONE	340,000.
	CATHOLIC SOCIAL SERVICES		NONE	327,564.
	UNITED REHABILITATION SERVICES		NONE	246,615.
	UNIFIED HEALTH SOLUTIONS		NONE	326,414.
	DAYTON URBAN LEAGUE		NONE	202,000.
	DAYBREAK		NONE	210,953.

OTHER - DETAILED
PRINTOUT AVAILABLE

NONE

7039950.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

10959446.

FORM 990 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENTS MANAGED BY DAYTON FOUNDATION	MARKET VALUE	1,594,611.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,594,611.

FORM 990 OTHER ASSETS STATEMENT 9

DESCRIPTION	AMOUNT
SUPPLIES	189,162.
CASH SURRENDER VALUE OF LIFE INSURANCE	1,959,228.
INTEREST IN DAYTON FOUNDATION ENDOWMENT	804,297.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,952,687.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 10

DESCRIPTION	AMOUNT
INCREASE (DECREASE) IN CASH SURRENDER VALUE LIFE INSURANCE	34,587.
TOTAL TO FORM 990, PART IV-A	34,587.

FORM 990

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

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARC LEVY 184 SALEM AVE. DAYTON, OH 45406	PRESIDENT & CPO FULL	170,851.	8,214.	3,600.
PETER LUONGO 83 GOVERNORS CLUB DRIVE BEAVERCREEK, OH 45385	1ST VICE CHAIRMAN PART	0.	0.	0.
LUKE ALBERS 403 PAULY DRIVE CLAYTON, OH 45315	TREASURER PART	0.	0.	0.
GARY AUMAN ONE FIFTH THIRD CENTER DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
SISTER CAROL BAUER 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	CHAIR, PUBLIC POLICY PART	0.	0.	0.
ROBERT M. CURRY 2000 COURTHOUSE PLAZA NE 10 W. SECOND ST DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
JOHN T. DONNELLAN 719 E. MAIN ST DAYTON, OH 45402	AOE CHAIR-ELECT PART	0.	0.	0.
MARVA COSBY 3100 RESEARCH BLVD DAYTON, OH 45420	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.

ALLEN ELIJAH 831 GLENSDEL DRIVE DAYTON, OH 45427	DIRECTOR PART	0.	0.	0.
LYNDA HOFFMAN 40 N. MAIN STREET DAYTON, OH 45423	DIRECTOR PART	0.	0.	0.
JOHN EDWARDS 110 N. MAIN STREET DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
MARCIA KNOX 15 GATES STREET DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
STEPHEN LEY 5870 POE AVENUE DAYTON, OH 45414	DIRECTOR PART	0.	0.	0.
DOUGLAS E. FRANKLIN 40 S. LUDLOW STREET DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
ARTHUR L. HARLAN 1219 US ROUTE 35 W EATON, OH 45320	DIRECTOR PART	0.	0.	0.
MARK MCDONNELL 360 WILSON DRIVE XENIA, OH 45385	GREENE CO. CHAIR PART	0.	0.	0.
PAM MADAR 2601 W. STROOP ROAD MORAINE, OH 45439	DIRECTOR PART	0.	0.	0.
WILLIAM NIX PO BOX 292982 DAYTON, OH 45429	AFL-CIO CONTRACT PART	0.	0.	0.
PAMELA B. MORRIS ONE DAYTON CENTRE DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
BONNIE PARISH 184 SALEM AVE. DAYTON, OH 45406	AOE CHAIR PART	0.	0.	0.
PAUL F. PORCINO 451 W. THIRD ST DAYTON, OH 45422	DIRECTOR PART	0.	0.	0.

THE UNITED WAY OF THE GREATER DAYTON ARE

31-0536658

DANIEL DELANO 756 AUTUMN LEAVE DRIVE DAYTON, OH 45430	DIRECTOR PART	0.	0.	0.
KATE CRAWFORD 665 LAKENGREN DRIVE DAYTON, OH 45320	DIRECTOR PART	0.	0.	0.
WILLIAM THORNTON ONE WYOMING ST. DAYTON, OH 45409	CHAIR OF BOARD & CVO PART	0.	0.	0.
RONALD D. AMOS 10 N. LUDLOW ST. DAYTON, OH 45402	DIRECTOR PART	0.	0.	0.
GEORGENE DAWSON 6564 STILLCREST WAY DAYTON, OH 45414	DIRECTOR PART	0.	0.	0.
KIM SEASE 194 N. DETROIT STREET XENIA, OH 45385	DIRECTOR PART	0.	0.	0.
JAMES MCGRANE COURTHOUSE PLAZA NE DAYTON, OH 45463	DIRECTOR PART	0.	0.	0.
FRED PESTELLO 300 COLLEGE PARK DAYTON, OH 45469	DIRECTOR PART	0.	0.	0.
DONALD PORTER 2626 PATTERSON BOULVEARD DAYTON, OH 45409	DIRECTOR PART	0.	0.	0.
CAROLYN WALL PO BOX 2608 DAYTON, OH 45401	DIRECTOR PART	0.	0.	0.
REV. DARYL WARD 118 SALEM AVENUE DAYTON, OH 45406	DIRECTOR PART	0.	0.	0.
WESLEY WELLS 4127 E. SECOND STREET DAYTON, OH 45403	DIRECTOR PART	0.	0.	0.
RICK SMALLDON 3232 NEWMARK DRIVE MIAMISBURG, OH 45342	DIRECTOR PART	0.	0.	0.

LOLA BENNETT 184 SALEM AVE. DAYTON, OH 45406	CFO FULL	78,588.	4,022.	0.
BRUCE BROWN 184 SALEM AVE. DAYTON, OH 45406	ACTING CFO FULL	55,791.	3,049.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>305,230.</u>	<u>15,285.</u>	<u>3,600.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 12
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	SERVICE INCOME-IN ORDER TO INCREASE THE DOLLARS AVAILABLE FOR FUNDING AGENCIES, REVENUE IS GENERATED FROM SERVICES PROVIDED TO NON-PROFITS AND OTHER CAMPAIGNS. SERVICES INCLUDE RENT, STOCKROOM SALES, COPY CENTER SALES, ACCOUNTING AND IT SERVICES, DATA PROCESSING, AND OTHER PROFESSIONAL ASSISTANCE.
93B	INFORMATION & REFERRAL-24 HOUR 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 TIME OF CRISIS (E.G. WAR RESPONSE, Y2K, TRAVELER'S AID FOR INVENTING FLIGHT.)

The United Way of the Greater Dayton Area
EIN: 31-0536658
Tax Year Ending June 30, 2005

Form 990, part IV, line 57

	<u>6/30/2005</u>	<u>6/30/2004</u>
Land and improvements	661,039	661,039
Building and improvements	5,182,100	5,006,690
Equipment	<u>842,988</u>	<u>833,249</u>
	6,686,127	6,500,978
Less accumulated depreciation	<u>(4,387,187)</u>	<u>(4,158,593)</u>
Property, net	<u>\$ 2,298,940</u>	<u>\$ 2,342,385</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 **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number 31-0536658
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 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 |

- The books are in the care of ▶ LOLA BENNETT
 Telephone No. ▶ 937-225-3118 FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until FEBRUARY 15, 2006 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2004, and ending JUN 30, 2005

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print.	Name of Exempt Organization THE UNITED WAY OF THE GREATER DAYTON AREA	Employer identification number 31-0536658
File by the extended due date for filing the return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 184 SALEM AVENUE	For IRS use only
	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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **LOLA BENNETT**
Telephone No. **937-225-3118** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2006**

5 For calendar year _____, or other tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

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

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

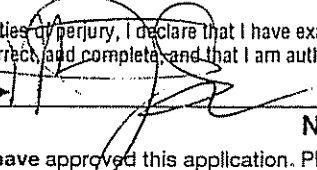
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. 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  Title **CPA** Date **2/13/06**

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization's return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

423832 01-10-05