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PUBLIC DISCLOSURE COPY

Form **990**

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

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BUTLER COUNTY UNITED WAY		D Employer identification number 31-0734490
	Doing Business As		E Telephone number 513-863-0800
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	323 NORTH THIRD STREET		G Gross receipts \$ 2,531,809.
	City or town, state or province, country, and ZIP or foreign postal code HAMILTON, OH 45011		
F Name and address of principal officer: MARGARET S. BAKER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: WWW.BC-UNITEDWAY.ORG		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1920	M State of legal domicile: OH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CONNECT RESOURCES TO IMPORTANT COMMUNITY NEEDS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 11	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 11	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 5	
	6 Total number of volunteers (estimate if necessary)	6 600	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,856,121.	Current Year: 1,646,452.
	9 Program service revenue (Part VIII, line 2g)	0.	750.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	77,625.	26,683.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-217.	24,950.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,933,529.	1,698,835.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,253,200.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		439,089.	395,708.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 279,048.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		138,131.	162,754.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,830,420.	1,735,404.	
19 Revenue less expenses. Subtract line 18 from line 12	103,109.	-36,569.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 2,150,765.	End of Year: 2,151,619.
	21 Total liabilities (Part X, line 26)	1,172,836.	1,144,684.
	22 Net assets or fund balances. Subtract line 21 from line 20	977,929.	1,006,935.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	MARGARET S. BAKER, PRESIDENT AND CEO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBIN M. DENNIS	ROBIN M. DENNIS	02/25/15	<input type="checkbox"/>	P00999809
	Firm's name ▶ CLARK, SCHAEFER, HACKETT & CO.	Firm's EIN ▶ 31-0800053		Phone no. 937-226-0070	
Firm's address ▶ 10100 INNOVATION DR, SUITE 400 DAYTON, OH 45342					

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CONNECT RESOURCES TO IMPORTANT COMMUNITY NEEDS. THE ORGANIZATION FOCUSES ON THE MOST IMPORTANT HUMAN SERVICE NEEDS FACING THE COMMUNITY AND USES A VARIETY OF METHODS TO COMMUNICATE WITH COMMUNITY MEMBERS IN ORDER TO PRIORITIZE THE ISSUES AND DETERMINE THE PROPER SOLUTIONS TO

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,382,558. including grants of \$ 1,176,942.) (Revenue \$ 19,157.) BUTLER COUNTY UNITED WAY CONNECTS RESOURCES TO COMMUNITY NEEDS THAT ARE IDENTIFIED BY THE COMMUNITY AS MOST CRITICAL. THE RESOURCES MAY INCLUDE FUNDRAISING, GRANT WRITING, OR DEVELOPING COLLABORATIONS THAT BEST ADDRESS THE IDENTIFIED ISSUES. FIFTEEN COMMUNITY LEADERS AND CITIZENS DEVOTED TIME TO CREATE A COMMUNITY AGENDA APPROACH TO ALLOCATING RESOURCES ENTRUSTED TO BUTLER COUNTY UNITED WAY. COMMUNITY SUMMITS WERE HELD IN THE FALL OF 2009 TO DETERMINE THAT EMPLOYMENT EARNING A LIVING WAGE WAS THE MOST CRITICAL NEED FOR ADULTS AND IN THE FALL OF 2010 TO DETERMINE THAT SUPPORTIVE RELATIONSHIPS THAT REDUCE RISKY BEHAVIORS WAS VIEWED TO BE THE MOST CRITICAL ISSUE FOR YOUTH. THESE FINDINGS, IN KEEPING WITH BOARD ESTABLISHED ENDS, ARE IN USE CURRENTLY TO DEVELOP OUTCOMES USED IN THE REQUEST FOR PROPOSAL (RFP) PROCESS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) RESOURCE DEVELOPMENT FOCUSES ON REVENUE THAT IS SECURED FROM DIRECT DONOR SOLICITATION, CORPORATE INVESTMENTS, SPONSORSHIP OPPORTUNITIES, AND FUNDRAISING EVENTS. VOLUNTEERS FROM THE COMMUNITY LEAD THE ANNUAL CAMPAIGN AS WELL AS 100 PLUS ADDITIONAL VOLUNTEERS THAT SUPPORT THE DAY TO DAY DETAILS SO OVERHEAD COSTS ARE KEPT LOW AND SYSTEMS EFFICIENT. FUNDRAISING EVENTS LEVERAGED THE VOLUNTEER EFFORTS SO THAT PROFITS DIRECTLY BENEFITED THE AWARD PROCESS.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) A YOUTH ACTION COUNCIL AND A SELF-SUFFICIENCY ACTION COUNCIL, EACH COMPOSED OF COMMUNITY EXPERTS AND PROGRAM EXPERTS, DEVELOPED THE PROPOSED STRATEGIES AND MEASURABLE INDICATORS FOR THE RFPS RELEASED TO ALL NON-PROFITS IN BUTLER COUNTY. THE TWO COUNCILS' MEMBERS MANAGED THE PROCESS, INCLUDING REVIEWING ALL PROPOSALS, AND THEN MAKING AWARDS TO THOSE MOST IN ALIGNMENT WITH THE OUTCOMES IDENTIFIED IN THE RFP. RECOMMENDATIONS OF THE TWO ACTION COUNCILS WERE SUBMITTED FOR APPROVAL TO THE IMPACT COUNCIL, AN OVERSIGHT BODY OF 12 VOLUNTEER COMMUNITY LEADERS, FOR A FINAL DETERMINATION.

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

4e Total program service expenses 1,382,558.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with Yes/No columns and input fields.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JANICE C. TROUTMAN - 513-863-0800**
323 NORTH THIRD STREET, HAMILTON, OH 45011

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN MUELLER CHAIRPERSON	5.00	X		X				0.	0.	0.
(2) JIM SELL MEMBER	0.80	X						0.	0.	0.
(3) SHELLY WALLPE MEMBER	0.80	X						0.	0.	0.
(4) AMY WALDBILLIG MEMBER	0.80	X						0.	0.	0.
(5) SHAWN HAMILTON MEMBER	0.80	X						0.	0.	0.
(6) DAVE YEAGER MEMBER	0.80	X						0.	0.	0.
(7) TOM DASKALAKIS MEMBER	0.80	X						0.	0.	0.
(8) DOUG MANWARING MEMBER	0.80	X						0.	0.	0.
(9) WOODY FITTON MEMBER	0.80	X						0.	0.	0.
(10) PETER ABNER MEMBER	0.80	X						0.	0.	0.
(11) CONNIE FRAZIER MEMBER	0.80	X						0.	0.	0.
(12) MARGARET BAKER PRESIDENT/CEO (OCT-JUN)	50.00			X				18,115.	0.	1,373.
(13) JAN TROUTMAN INTERIM PRES/CEO (JUN-OCT)/CFO	40.00			X				75,151.	0.	8,112.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 855,565.					
	b	Membership dues	1b					
	c	Fundraising events	1c 3,147.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 787,740.					
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,646,452.				
	Program Service Revenue	2 a	RENTAL INCOME	Business Code 623990	750.	750.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		750.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		16,988.			16,988.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real (ii) Personal					
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	825,600.				
		Less: cost or other basis and sales expenses		815,905.				
		Gain or (loss)		9,695.				
		Net gain or (loss)			9,695.			9,695.
	8 a	Gross income from fundraising events (not including \$ 3,147. of contributions reported on line 1c). See Part IV, line 18	a	23,612.				
		Less: direct expenses	b	17,069.				
		Net income or (loss) from fundraising events			6,543.			6,543.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	ADMIN FEES AND RECOVER	561000	10,539.	10,539.				
b	ACCOUNTING SERVICES	541200	7,868.	7,868.				
c								
d	All other revenue							
e	Total. Add lines 11a-11d		18,407.					
12	Total revenue. See instructions.		1,698,835.	19,157.	0.	33,226.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,176,942.	1,176,942.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	102,751.	40,126.	19,576.	43,049.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	225,324.	90,574.	16,427.	118,323.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,452.	2,967.		3,485.
9 Other employee benefits				
10 Payroll taxes	61,181.	24,355.	6,571.	30,255.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,411.	5,859.	2,316.	7,236.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,921.	1,871.	740.	2,310.
12 Advertising and promotion	26,755.	8,952.	2,464.	15,339.
13 Office expenses	15,266.	3,532.	4,451.	7,283.
14 Information technology				
15 Royalties				
16 Occupancy	26,044.	10,334.	2,948.	12,762.
17 Travel	3,792.		2,476.	1,316.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,906.	6,371.	3,634.	10,901.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,006.	2,802.	743.	3,461.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT MAINTENANCE	18,733.	6,898.	3,316.	8,519.
b MEMBERSHIP DUES	14,613.	408.	108.	14,097.
c BANK FEES	7,018.	0.	7,018.	0.
d AWARDS AND INCENTIVES	2,029.	527.	839.	663.
e All other expenses	260.	40.	171.	49.
25 Total functional expenses. Add lines 1 through 24e	1,735,404.	1,382,558.	73,798.	279,048.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	56,983.	1	72,728.	
	2 Savings and temporary cash investments	186,946.	2	229,649.	
	3 Pledges and grants receivable, net	993,655.	3	890,290.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	1,148.	9	2,482.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 492,739.			
	b Less: accumulated depreciation	10b 469,193.	3,478.	10c 23,546.	
	11 Investments - publicly traded securities	476,638.	11	524,427.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	431,917.	15	408,497.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,150,765.	16	2,151,619.		
Liabilities	17 Accounts payable and accrued expenses	19,829.	17	16,067.	
	18 Grants payable		18		
	19 Deferred revenue	7,160.	19	2,475.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	42,421.	21	8,560.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,103,426.	25	1,117,582.	
	26 Total liabilities. Add lines 17 through 25	1,172,836.	26	1,144,684.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	927,744.	27	953,935.	
	28 Temporarily restricted net assets	50,185.	28	53,000.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	977,929.	33	1,006,935.		
34 Total liabilities and net assets/fund balances	2,150,765.	34	2,151,619.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,698,835.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,735,404.
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,569.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	977,929.
5	Net unrealized gains (losses) on investments	5	65,575.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,006,935.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,125,255.	2,071,359.	1,830,109.	1,856,121.	1,646,452.	9,529,296.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,125,255.	2,071,359.	1,830,109.	1,856,121.	1,646,452.	9,529,296.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						175,414.
6 Public support. Subtract line 5 from line 4.						9,353,882.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2,125,255.	2,071,359.	1,830,109.	1,856,121.	1,646,452.	9,529,296.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,682.	22,142.	12,193.	16,878.	16,988.	91,883.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	56,976.	51,165.	35,445.	7,848.	19,157.	170,591.
11 Total support. Add lines 7 through 10						9,791,770.
12 Gross receipts from related activities, etc. (see instructions)					12	145,048.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95.53	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	95.04	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

BUTLER COUNTY UNITED WAY

Employer identification number

31-0734490

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Name of organization BUTLER COUNTY UNITED WAY	Employer identification number 31-0734490
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>24,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ <u>18,574.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/> <hr/>	\$ <u>21,506.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/> <hr/>	\$ <u>19,714.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/> <hr/>	\$ <u>29,397.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/> <hr/>	\$ <u>36,621.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BUTLER COUNTY UNITED WAY	Employer identification number 31-0734490
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ <u>35,210.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/> <hr/>	\$ <u>23,206.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/> <hr/>	\$ <u>36,567.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BUTLER COUNTY UNITED WAY	Employer identification number 31-0734490
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization BUTLER COUNTY UNITED WAY	Employer identification number 31-0734490
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

BUTLER COUNTY UNITED WAY

Employer identification number

31-0734490

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	316,106.	316,254.	317,439.	315,415.	325,528.
b Contributions					
c Net investment earnings, gains, and losses	-232.	-148.	-1,185.	2,024.	-10,113.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	315,874.	316,106.	316,254.	317,439.	315,415.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

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

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

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		365,534.	352,600.	12,934.
d Equipment		127,205.	116,593.	10,612.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,546.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) US BANCORP - CUSTODIAL - UNEMP	8,560.
(2) BOARD DESIGNATED INVESTMENTS	315,874.
(3) BENEFICIAL INTEREST	84,063.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	408,497.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ALLOCATIONS PAYABLE	1,117,582.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,117,582.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,494,188.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	65,575.
b	Donated services and use of facilities	2b	40,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	17,069.
e	Add lines 2a through 2d	2e	122,644.
3	Subtract line 2e from line 1	3	1,371,544.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	327,291.
c	Add lines 4a and 4b	4c	327,291.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,698,835.

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

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

1	Total expenses and losses per audited financial statements	1	1,465,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	40,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	17,069.
e	Add lines 2a through 2d	2e	57,069.
3	Subtract line 2e from line 1	3	1,408,113.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	327,291.
c	Add lines 4a and 4b	4c	327,291.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,735,404.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

THE BUTLER COUNTY UNITED WAY ADMINISTERS AND ACTS AS
 CUSTODIAN FOR AN UNEMPLOYMENT FUND FOR OTHER NOT-FOR-PROFIT ORGANIZATIONS.

PART V, LINE 4:

THE BOARD DESIGNATED CASH AND INVESTMENTS FOR THE PURPOSE OF
 MAINTAINING APPROXIMATELY TWO TO THREE MONTHS OF RESERVES FOR FUTURE
 ALLOCATIONS TO SUPPORTED AGENCIES AND PROGRAMS.

PART X, LINE 2:

THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY
 VARIOUS TAXING AUTHORITIES. THE YEARS OF FILINGS OPEN TO THESE

Part XIII Supplemental Information (continued)

AUTHORITIES AND AVAILABLE FOR AUDIT ARE 2011 - 2013. THE ORGANIZATION'S POLICY WITH REGARDS TO INTEREST AND PENALTIES IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. IN EVALUATING THE ORGANIZATION'S TAX PROVISION AND TAX EXEMPT STATUS, INTERPRETATIONS AND TAX PLANNING STRATEGIES WERE CONSIDERED. THE ORGANIZATION BELIEVES THEIR ESTIMATES ARE APPROPRIATE BASED ON THE CURRENT FACTS AND CIRCUMSTANCES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ASSOCIATED WITH SPECIAL EVENTS ON 990 PART VIII,
 LINE 8B 17,069.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO SPECIFIC ORGANIZATIONS 327,291.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ASSOCIATED WITH SPECIAL EVENTS ON 990 PART VIII,
 LINE 8B 17,069.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO SPECIFIC ORGANIZATIONS 327,291.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CHICAGO BUS TRIPS	BOARD LEADERSHIP T	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	8,992.	6,500.		15,492.
	2 Less: Contributions	1,000.	2,147.		3,147.
	3 Gross income (line 1 minus line 2)	7,992.	4,353.		12,345.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,083.	2,752.		10,835.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				10,835.
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,510.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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

Name of the organization **BUTLER COUNTY UNITED WAY** Employer identification number **31-0734490**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALCOHOL & CHEMICAL ABUSE COUNCIL 2935 HAMILTON-MASON RD HAMILTON, OH 45011	31-0784671	501 (C)(3)	54,000.	0.			SUBSTANCE ABUSE PREVENTION AND FAMILY MEDIATION PROJECT
AMERICAN RED CROSS 112 N 2ND ST HAMILTON, OH 45011	53-0196605	501 (C)(3)	20,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS OF BUTLER COUNTY, INC. - 5539 EUREKA DR - HAMILTON, OH 45011	31-0846147	501 (C)(3)	110,615.	0.			MENTORING PROGRAMS
BOYS & GIRLS CLUB OF HAMILTON, INC. - 958 EAST AVE - HAMILTON, OH 45011	31-0616383	501 (C)(3)	81,254.	0.			AFTER SCHOOL YOUTH DEVELOPMENT
CATHOLIC CHARITIES SOUTHWESTERN OHIO - 140 N 5TH ST - HAMILTON, OH 45011	31-0536968	501 (C)(3)	47,023.	0.			COUNSELING AND SEXUAL ABUSE TREATMENT
CINCINNATI ASSOCIATION FOR THE BLIND AND VISUALLY IMPAIRED - 2045 GILBERT AVE - CINCINNATI, OH 45202	31-0538511	501 (C)(3)	18,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 28.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAN BEARD COUNCIL, BOY SCOUTS OF AMERICA - 2331 VICTORY PKWY - CINCINNATI, OH 45206	31-0536651	501 (C)(3)	28,786.	0.			GENERAL SUPPORT
EVERY CHILD SUCCEEDS 333 BURNET AVE CINCINNATI, OH 45229	31-1628467	501 (C)(3)	30,000.	0.			HOME VISITATIONS
FAIRFIELD FOOD PANTRY 1085 MAGIE AVE FAIRFIELD, OH 45014	31-1468906	501 (C)(3)	11,584.	0.			GENERAL SUPPORT
GIRL SCOUTS - GREAT RIVERS COUNCIL, INC. - 4930 CORNELL RD - CINCINNATI, OH 45242	31-0679091	501 (C)(3)	19,000.	0.			LEADERSHIP PROGRAM
GREAT MIAMI VALLEY YMCA 105 N SECOND ST HAMILTON, OH 45011	31-0536719	501 (C)(3)	63,408.	0.			GENERAL SUPPORT
HAMILTON LIVING WATER MINISTRY, INC. - 734 SYCAMORE ST - HAMILTON, OH 45011	26-2606598	501 (C)(3)	75,700.	0.			NEIGHBORHOOD SERVICE CENTER AND CHILDREN'S AND TEEN CENTER
LIFESPAN, INC. 1900 FAIRGROVE AVE HAMILTON, OH 45011	31-0536660	501 (C)(3)	72,277.	0.			COUNSELING SERVICES
LIGHTHOUSE MINISTRIES 626 RIDGELAWN AVE HAMILTON, OH 45011	31-1577220	501 (C)(3)	15,023.	0.			FOOD PANTRY AND GENERAL SUPPORT
MERCY FRANCISCAN AT ST. RAPHAEL, INC. - 610 HIGH ST - HAMILTON, OH 45011	20-2934871	501 (C)(3)	99,825.	0.			NURSING, EMERGENCY HOUSING SERVICES AND CHOICE PANTRY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARACHUTE: SPECIAL ADVOCATES FOR CHILDREN OF BUTLER COUNTY - 282 N FAIR AVE - HAMILTON, OH 45011	31-1230170	501 (C)(3)	52,000.	0.			GENERAL SUPPORT
PARTNERS IN PRIME 140 ROSS AVE HAMILTON, OH 45013	31-0569735	501 (C)(3)	30,000.	0.			GENERAL SUPPORT, TRANSPORTATION SERVICES AND SENIOR CENTERS
SHARED HARVEST FOODBANK, INC. 5901 DIXIE HWY FAIRFIELD, OH 45014	31-1096571	501 (C)(3)	76,524.	0.			BACK PACK PROGRAM AND FOODBANK
SUPPORTS TO ENCOURAGE LOW-INCOME FAMILIES - 1790 A&B S ERIE BLVD - HAMILTON, OH 45012	31-1445223	501 (C)(3)	17,967.	0.			HOMELESS SUPPORT AND LITERACY PROGRAM
YWCA OF HAMILTON OHIO 244 DAYTON ST HAMILTON, OH 45011	31-0537167	501 (C)(3)	91,917.	0.			SHELTER SUPPORT AND LITERACY PROGRAM
THE CENTER FOR FAMILY SOLUTIONS 400 N. ERIE HWY STE C HAMILTON, OH 45011	51-0650689	501 (C)(3)	5,951.	0.			GENERAL SUPPORT
WOMEN HELPING WOMEN 215 E 9TH ST CINCINNATI, OH 45202	31-0864991	501 (C)(3)	25,000.	0.			GENERAL SUPPORT
SALVATION ARMY HAMILTON 235 LUDLOW ST HAMILTON, OH 45011		501 (C)(3)	3,674.	0.			GENERAL SUPPORT
BUTLER COUNTY SPECIAL OLYMPICS 2 SHEILA CT HAMILTON, OH 45013	31-1333053	501 (C)(3)	5,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE HOUSE 34 S MAIN ST MIDDLETOWN, OH 45044	31-1254976	501 (C)(3)	24,000.	0.			GENERAL SUPPORT
PEOPLE WORKING COOPERATIVELY 4612 PADDOCK RD CINCINNATI, OH 45229	31-0859104	501 (C)(3)	10,000.	0.			GENERAL SUPPORT
ST JOSEPH ORPHANAGE 5400 EDALBERT DR CINCINNATI, OH 45239	31-0537147	501 (C)(3)	5,744.	0.			GENERAL SUPPORT
WESLEY COMMUNITY CENTER 2091 RADCLIFF DR CINCINNATI, OH 45204	31-1709022	501 (C)(3)	10,500.	0.			GENERAL SUPPORT

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

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

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

PART I, LINE 2:

FUNDING DECISIONS ARE DETERMINED USING THE FOLLOWING: PROGRAM

OUTCOMES REVIEW, UNITED WAY'S FUNDING AGREEMENT CRITERIA, AVAILABLE FUNDS

PER IMPACT AREA. OUTCOME AND PROGRAM DEVELOPMENT TECHNICAL SUPPORT WAS

OFFERED TO ALL AGENCIES THROUGHOUT THE YEAR.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

BUTLER COUNTY UNITED WAY

Employer identification number

31-0734490

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

THESE PROBLEMS. WHETHER THIS MEANS GRANT WRITING, FUNDRAISING, OR

COLLABORATING WITH COMMUNITY PARTNERS, THE ORGANIZATION USES COMMUNITY

INPUT TO SOLVE COMMUNITY ISSUES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS AN ANNUAL MEETING. COMMUNITY MEMBERS ARE

INVITED TO ATTEND AND ANY COMMUNITY MEMBER OVER AGE 18 MAY ELECT ELIGIBLE

BOARD MEMBERS.

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

A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD OF TRUSTEES

PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION ASKS THE BOARD OF TRUSTEES TO DISCLOSE ANY

CONFLICT OF INTEREST ISSUES ON AN ANNUAL BASIS. THE ORGANIZATION ALSO WILL

ADDRESS ANY POTENTIAL CONFLICTS THAT ARISE THROUGHOUT THE YEAR.

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

THE CEO RECEIVES AN ANNUAL PERFORMANCE REVIEW BY THE BOARD OF

TRUSTEES. A FAVORABLE REVIEW LEADS TO A COMPENSATION INCREASE IF FUNDS ARE

AVAILABLE. THE UNITED WAY OF AMERICA SALARY SURVEY IS USED IN AN EFFORT TO

KEEP COMPENSATION AT THE INDUSTRY STANDARD.

THE CFO RECEIVES AN ANNUAL PERFORMANCE REVIEW FROM THE CEO. THE UNITED WAY

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

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

332211
09-04-13

Name of the organization

BUTLER COUNTY UNITED WAY

Employer identification number

31-0734490

OF AMERICA SALARY SURVEY IS USED IN AN EFFORT TO KEEP COMPENSATION AT THE INDUSTRY STANDARD.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENT AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE PROCESS HASN'T CHANGED FROM PRIOR YEAR.

• 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. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. BUTLER COUNTY UNITED WAY	Employer identification number (EIN) or 31-0734490
	Number, street, and room or suite no. If a P.O. box, see instructions. 323 NORTH THIRD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HAMILTON, OH 45011	

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

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

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

JANICE C. TROUTMAN

• The books are in the care of **323 NORTH THIRD STREET - HAMILTON, OH 45011**
Telephone No. **513-863-0800** Fax No. **513-863-3467**

• 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, 2015**

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

6 If the tax year entered in line 5 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 INFORMATION FROM OUTSIDE SOURCES NEEDED TO FILE A COMPLETE AND ACCURATE RETURN HAS YET TO BE RECEIVED. RETURN WILL BE FILED UPON ITS RECEIPT.

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

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 Date