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## \*\* PUBLIC DISCLOSURE COPY \*\*

## **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

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 tax vear beginning JUL 1, 2013 and ending JUN 30,

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning $$	<u>J</u> ŬN 30, 2014										
B	Check if pplicable	C Name of organization	D Employer identifi	cation number									
	Addres change	BUTLER COUNTY UNITED WAY											
	Name change	Doing Business As 31-0734490											
	⊒return ⊒Termin ated	JZJ NOKIH IHIKD BIKEEI		863-0800									
	Ameno return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,531,809.									
	Application	HAMILTON, OH 45011	H(a) Is this a group re	H(a) Is this a group return									
	pendin	F Name and address of principal officer: MARGARET S. BAKER	for subordinates										
		SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No									
1 7	Гах-ехе	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527 If "No," attach a	list. (see instructions)									
J١	<b>Nebsit</b>	e: WWW.BC-UNITEDWAY.ORG	H(c) Group exemptio	n number									
			/ear of formation: 1920 N										
Pa	art I	Summary	•	-									
Activities & Governance		Briefly describe the organization's mission or most significant activities: CONNECT COMMUNITY NEEDS.	RESOURCES TO	IMPORTANT									
nar			more than 25% of its not as	sente									
Ver	1	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)											
ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)		11 11									
ళ			·····	5									
ţį		Total number of individuals employed in calendar year 2013 (Part V, line 2a)		600									
ξį		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		0.									
Ă	1	Net unrelated business taxable income from Form 990-T, line 34		0.									
	В	Net differated busiliess taxable income from Form 990-1, life 34	Prior Year	Current Year									
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,856,121.	1,646,452.									
			0.	750.									
Ver			77,625.										
æ	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-217.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,933,529.										
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,253,200.	1,176,942.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.									
	1	Benefits paid to or for members (Part IX, column (A), line 4)	439,089.	, -									
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.									
Sen	loa l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	•									
Ä		Total fundraising expenses (Part IX, column (D), line 25)  279,048.	138,131.	162,754.									
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,830,420.										
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	103,109.										
<u></u>	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year										
Net Assets or Fund Balances	00.	Total accepts (Doubly line 40)	2,150,765.	End of Year 2,151,619.									
Asse Bala	20	Total assets (Part X, line 16)	1,172,836.	1,144,684.									
Jet /	21	Total liabilities (Part X, line 26)	977,929.	1,006,935.									
P	art II	Net assets or fund balances. Subtract line 21 from line 20	511,525.	1,000,555									
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	ataments, and to the hest of m	v knowledge and helief it is									
		t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer		y kilowieuge allu bellet, it is									
ti uo	, 001100	t, and complete. Declaration of proparor (other than officer) is based on an information of which prop	Taror has any knowledge.										
C: ~	_	Signature of officer	I Date										
Sign		MARGARET S. BAKER, PRESIDENT AND CEO											
Her	•	Type or print name and title											
		Print/Type preparer's name Preparer's signature	Date Check	PTIN									
Paid	,	ROBIN M. DENNIS ROBIN M. DENNIS	02/25/15 of self-employ										
	parer	Firm's name CLARK, SCHAEFER, HACKETT & CO.		31-0800053									
-	Only	Firm's address 10100 INNOVATION DR, SUITE 400	Firm's EIN	21 0000022									
USE	Unity	DAYTON, OH 45342	Dhone no Q 2	7-226-0070									
N/a:	, +b = 15	RS discuss this return with the preparer shown above? (see instructions)	Pilotte 110.33	X   Yes									
ハハコ	, ind it	STATE OF THE FEITH WITH THE DEPOSES SHOWN SHOVE / ISSE INSTRICTIONS)		I ZA I YAS I INO									

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$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 \$
	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
	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.
	Otherwise was in a (Describe in Orbertal 20)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 1,382,558.
<u>4e</u>	Total program service expenses ► 1,382,558.

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		21
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	

### 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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		Х
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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			7.7
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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? If "Yes," complete Schedule L, Part I	25a		Х
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? If "Yes," complete Schedule L, Part I	25b		х
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	26		Х
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			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		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):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee? In test, complete schedule 2, harriv	200		- 21
·	11 I I I I I I I I I I I I I I I I I I	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

## | Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
	(gambling) winnings to prize winners?			1c	Х				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	5						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х			
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accou	nts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?								
С									
	to file Form 8282?			7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h					
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Discovered by the control of the con$	id the s	upporting						
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tim	e during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	, ,							
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10417	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c				77			
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	000	(00.10)			
				⊢∩rm	990	(ノロ13)			

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			X
Sec	tion 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 la   11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion 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?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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)	availab	le	
	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, are	d finar	ncial	
	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 organiza	tion:		
	JANICE C. TROUTMAN - 513-863-0800			
	323 NORTH THIRD STREET, HAMILTON, OH 45011			

Form **990** (2013)

# 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.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KAREN MUELLER CHAIRPERSON	5.00	x		х				0.	0.	0.
(2) JIM SELL	0.80	_		_		<u> </u>		0.	0.	<u></u>
MEMBER	- 0.00	x						0.	0.	0.
(3) SHELLY WALLPE	0.80						H		•	
MEMBER		х						0.	0.	0.
(4) AMY WALDBILLIG	0.80									
MEMBER		Х						0.	0.	0.
(5) SHAWN HAMILTON	0.80							_	_	_
MEMBER		Х						0.	0.	0.
(6) DAVE YEAGER	0.80									•
MEMBER	0 00	Х						0.	0.	0.
(7) TOM DASKALAKIS MEMBER	0.80	х						0.	0.	0.
(8) DOUG MANWARING	0.80	Δ						0.	0.	0.
MEMBER	0.00	х						0.	0.	0.
(9) WOODY FITTON	0.80								•	
MEMBER		х						0.	0.	0.
(10) PETER ABNER	0.80									
MEMBER		Х						0.	0.	0.
(11) CONNIE FRAZIER	0.80									
MEMBER		Х						0.	0.	0.
(12) MARGARET BAKER	50.00							10.445		4 000
PRESIDENT/CEO (OCT-JUN)	40.00			Х				18,115.	0.	1,373.
(13) JAN TROUTMAN	40.00			х				75 151	0	0 110
INTERIM PRES/CEO (JUN-OCT)/CFO				Δ				75,151.	0.	8,112.
		1								
						$\vdash$	$\vdash$			
		1								
		1								
										- 000

Form **990** (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	( <b>D)</b> Reportable compensation from	(E) Reportable compensatio from related	n	an	(F) stimate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om the anizati d relate anizatio	e ion ed
								03.266		^		0 4	0.5
1b Sub-total c Total from continuation sheets to Part VI	I, Section A						<b>&gt;</b>	93,266. 0. 93,266.		0.	0.		
d Total (add lines 1b and 1c)							no r	•	0,000 of reportab			<i>,</i>	<u>55.</u>
3 Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on			Yes	No
line 1a? If "Yes," complete Schedule J for s  For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	n and	d ot		the organization		3		X
<ul> <li>and related organizations greater than \$150</li> <li>Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com</li> </ul>	accrue compe	nsat	ion f	from	any	/ unr	elat	ted organization or indiv	idual for services		5		X
Section B. Independent Contractors	piete Geriedan	007	0/ 00	uon	porc								
Complete this table for your five highest co the organization. Report compensation for		-								npens	ation 1	rom	
(A) Name and business	address	NC	ONI	3				<b>(B)</b> Description of s	ervices	C	(C Compe		n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se li:	stec	d above) who received n	nore than				
w 100,000 or compensation from the organi	Lation F					_					Form	<b>990</b> (2	2013

Form 990 (2013) BUTLER
Part VIII Statement of Revenue

· u	L VII			or note to any li	ne in this Part VIII			
		Check if Schedule O cont			Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a	855,565.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
Ar.	С	Fundraising events	1c	3,147.				
를 를	d	Related organizations	1d					
ns,		Government grants (contribut						
e ë	f	All other contributions, gifts, gran						
듗된		similar amounts not included abo	ve <b>1f</b>	787,740.				
g	g				1 646 450			
a C	h	Total. Add lines 1a-1f			1,646,452.			
	_	DENMAI INCOME		Business Code	750.	750.		
Program Service Revenue		RENTAL INCOME		623990	750.	750.		
	b							+
E S	C							<del>                                     </del>
Pega	d							<del>                                     </del>
P.	f	All other program service reve	eni ie					+
		Total. Add lines 2a-2f			750.			
	3	Investment income (including						
		other similar amounts)			16,988.			16,988.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		<b></b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	_			
		•	825,600.					
	b	Less: cost or other basis	015 005					
		and sales expenses	0 605		-			
	C	Gain or (loss)	9,095.		9,695.			9,695.
		Net gain or (loss)		<b>P</b>	5,055.			7,055.
ne	ва	Gross income from fundraising including \$ 3,1						
Other Revenu		contributions reported on line						
<u>۾</u> ا		Part IV, line 18	= -	23,612.				
t l	b	Less: direct expenses		17,069.				
0		Net income or (loss) from fund		<b>&gt;</b>	6,543.			6,543.
		Gross income from gaming ac	-	_				
		Part IV, line 19						
	b	Less: direct expenses	b					
	С	Net income or (loss) from gam	ning activities	<u></u>				
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale		<b></b>				
		Miscellaneous Revenu		Business Code		10 E20		
		ADMIN FEES AND ACCOUNTING SERV		561000 541200	10,539.	10,539. 7,868.		+
	b		TCES	741400	7,000.	1,000.		+
	q							<del>                                     </del>
	d	All other revenue <b>Total.</b> Add lines 11a-11d			18,407.			
	12	Total revenue. See instructions.		·····	1,698,835.	19,157.	0 .	33,226.
33200 10-29-					, , ,	- 1		Form <b>990</b> (2013)

#### 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 **(D)** Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 1,176,942. 1,176,942. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States, See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 102,751 40,126. 19,576. 43,049. trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 225,324. 16,427. 90,574. 118,323. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,452. 2,967. 3,485. Other employee benefits 9 61,181 24,355. 6,571. 30,255. Payroll taxes 10 Fees for services (non-employees): Management b 15,411. 5,859. 2,316. 7,236. Accounting С Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,871 4,921 740. 2,310. column (A) amount, list line 11g expenses on Sch O.) 15,339. 26,755. 8,952. 2,464. Advertising and promotion 12 15,266. 3,532. 4,451. 7,283. 13 Office expenses Information technology ..... 14 15 Royalties 26,044. 10,334. 2,948. 12,762. 16 Occupancy 3,792. 2,476. 1,316. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,906. 6,371. 3,634.10,901. Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 7,006. 2,802. 743. 3,461. 22 Depreciation, depletion, and amortization ..... 23 Other expenses, Itemize expenses not covered 24 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.) 18,733. 6,898. 8,519. EQUIPMENT MAINTENANCE A 3,316. MEMBERSHIP DUES 14,613. 408. 108. 14,097. 7,018. 7,018. BANK FEES 0. 0. 2,029. AWARDS AND INCENTIVES 527. 839. 663. 260. 171.<u>49.</u> 40. All other expenses 1,735,404. 1,382,558. 73,798. 279,048. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,73		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			29.
5	Net unrealized gains (losses) on investments	5	6	5,5	75.
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	1,00	6,9	35.
Pa	rt XII Financial Statements and Reporting				$\equiv$
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual 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?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2013)

#### **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

BUTLER COUNTY UNITED WAY

**Employer identification number** 31-0734490

Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 17	<b>'0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)								
з 🗌			tal service organization of		in <b>section</b>	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospi	tal's nar	ne,
	city, and stat				•				•	·		,
5	1		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
	-	(b)(1)(A)(iv). (Comple		,	•	,	Ü					
6	1		ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(1	I)(A)(v).					
7 X								or from the	general	public de	scribed	in
•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	1		section 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 🗆	1		eives: (1) more than 33 1			rom contri	butions m	nembershi	n fees a	nd aross	receipts	from
• —	-	•	nctions - subject to certa							-	-	
			axable income (less sect									
		<b>509(a)(2).</b> (Complete	•		,,, ,, o,,,, b,	011100000	zoquii ou b	y and orga	. neation	artor our	0 00, 10	
10			perated exclusively to te	st for publ	ic safety S	See <b>sectio</b>	n 509(a)(4	1).				
11		-	perated exclusively for th	· -	-			-	v out the	nurnose	s of one	or
	J		ations described in section		′ '		,		,			O.
			organization and comple		•		.,. 000 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,(-,		071 111011	
	a Type I			ype III - Fu			d	Typ	e III - No	n-functior	nally inte	arated
е 🗆	1		at the organization is not		•	•		• •			•	-
		•	han one or more publicly		-	-	-		•	-		
f			ten determination from t						( )( )		( )( )	
		rganization, check th										
g	•	•	organization accepted ar					owina pers	sons?			
J			lirectly controls, either al								Yes	No
											(i)	
	-		n described in (i) above?									
			person described in (i) o									
h			about the supported org									
		Ü		9	. ,							
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Did you	ı notify the	(vi) ls	the .	(vii) Amo	unt of mo	netary
` '	ganization	(11) 2.11	(described on lines 1-9	in col. (i) lis		organizat		organizátio (i) organiz	on in col. ed in the		support	notal y
				governing	document?	(i) of your	support?	(i) organiz U.S	.?		• •	
			(see instructions))	Yes	No	Yes	No	Yes	No			
	· · · · · · · · · · · · · · · · · · ·											
Γotal												

332021 09-25-13

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013

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

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</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 organ-						
	ization'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.
	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.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	2,125,255.	2,071,359.	1,830,109.	1,856,121.	1,646,452.	9,529,296.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	, ,
Ŭ	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.
a	Net income from unrelated business		,				7_,000
,	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV.)	56 976	51,165.	35 445	7,848.	19 157	170,591.
44	Total support. Add lines 7 through 10	3073701	31/1031	33,1131	7,0100	13/13/1	9,791,770.
	Gross receipts from related activities,	oto (soo instructio	ne)			12	145,048.
	First five years. If the Form 990 is for			1 fourth or fifth to			113/0101
13	organization, check this box and <b>stop</b>						
Sec	ction C. Computation of Publi						
	Public support percentage for 2013 (I		<u>~</u>	olumn (f))		14	95.53 %
	Public support percentage from 2012					15	95.04 %
	33 1/3% support test - 2013. If the c						, -
100	stop here. The organization qualifies	· ·		*		*	77
<b>L</b>	33 1/3% support test - 2012. If the o	. ,	•			ar mara shack th	
L	and stop here. The organization qual						
47.							
1/8	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances test	-					
	more, and if the organization meets the		•		•		
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 1/a, or 17b	, cneck this box a		s <b>&gt;</b>

Schedule A (Form 990 or 990-EZ) 2013

## 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	now, prodec com	proto r art my				
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and		, , , , , , , , , , , , , , , , , , ,	, ,	` '		.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		, , , , , , , , , , , , , , , , , , ,	, ,	, ,		.,
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
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.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax vear as a sectic	on 501(c)(3) organiz	ation.
check this box and <b>stop here</b>	•		•	•		
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16 Public support percentage from 2012	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20	13 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	:012 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2013. If the					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2012. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	า did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	<u> </u>

nedule A	(Form 990 or 990-EZ) 2013 BUTLER COUNTY UNITED WAY	31-0/34490 Pa
art 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).	,
	· · · · · · · · · · · · · · · · · · ·	
· <del></del>		
		<u> </u>

#### \*\* PUBLIC DISCLOSURE COPY \*\*

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 <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

BUTLER COUNTY UNITED WAY

OMB No. 1545-0047

Name of the organization

Employer identification number

31-0734490

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special	Rules					
X	509(a)(1) and 170(b	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% ) 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 <i>exclusively</i> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions of \$5,000 or more during the year					
Caution	. An organization th	nat is not covered by the General Bule and/or the Special Bules does not file Schedule B (Form 990, 990-FZ, 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)

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).

Name of organization

Employer identification number

#### BUTLER COUNTY UNITED WAY

31-0734490

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 24,333.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 21,506.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 29,397.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$36,621.	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### BUTLER COUNTY UNITED WAY

31-0734490

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 35,210.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 23,206.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 36,567.	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number** 

#### BUTLER COUNTY UNITED WAY

31-0734490

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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	
(a) No. From	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 4 Name of organization Employer identification number BUTLER COUNTY UNITED WAY 31-0734490 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section of (C)(1), (0), or (10) organization 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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

Name of the organization

## **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.

► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 2013
Open to Public Inspection

BUTLER COUNTY UNITED WAY

Employer identification number
31-0734490

Par	organizations Maintaining Donor Advised		OI AU	ooanto.Complete II tile
		(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 wr	iting that the assets held in donor advi	ised funds	
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be	e used on	у
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferrir	ng
				Yes No
Par	t II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 990,	Part IV, lir	ie 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation)	istorically	important land area
	Protection of natural habitat	Preservation of a cer	rtified hist	oric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a cons	servation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic struc			2c
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06, and not on a historic struc	ture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by th	ne organiz	ation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of	f	
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ar	nd enforcing conservation easements	during the	year <b>▶</b>
7	Amount of expenses incurred in monitoring, inspecting, and en	forcing conservation easements during	g the year	<b>&gt;</b> \$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	0(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	s the orga	nization's accounting for
	conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Si	milar Assets.
	Complete if the organization answered "Yes" to Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and	balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of pu	ublic service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.		
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and bal	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic servi	ce, provide the following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			<b>\$</b>
				\$
2	If the organization received or held works of art, historical treas			ovide
	the following amounts required to be reported under SFAS 116		,	
а	Revenues included in Form 990, Part VIII, line 1	-		<b>&gt;</b> \$
				<b>&gt;</b> \$
-	, <del></del>			• -

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

Schedule D (Form 990) 2013

	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sin	nilar Asse	ts(contin	nued)	<u> 90 –  </u>
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a significa	nt use of its	collectio	n items	3
	(check all that apply):								
а	a Public exhibition d Loan or exchange programs								
b									
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explair	n how they further t	he organization's e	xempt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pa	rt IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		J			, ,	,		
	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other assets r	ot include	ed			
	on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a								
-	Too, explain the arrangement in arrying		moving table.				Amoun	·	
c	Beginning balance				10		7 1110 011	-	
	Additions during the year								
e	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	140
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(a) Four	vears h	nack
10	Beginning of year balance	316,106.	316,254.	. , .	· · ·	315,415.	· · ·	325,	
		010,100.	010,101.	01.,103	+	010,110.			
	b Contributions       -1,185       2,024       -10,11         c Net investment earnings, gains, and losses       -232       -148       -1,185       2,024       -10,11								113
C	Net investment earnings, gains, and losses	232.	110,	1,100	+	2,021.			
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs				_				
Ť	Administrative expenses	315,874.	316,106.	316,254		217 /20		315,4	
g	End of year balance			, , , , , , , , , , , , , , , , , , ,	•	317,439.		313,	±13.
2	Provide the estimated percentage of the curre		·	a)) held as:					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment ► .00	%							
С	Temporarily restricted endowment ▶	.00 %							
	The percentages in lines 2a, 2b, and 2c should be should	•							
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered fo	r the orga	inization	ı		
	by:								No
	(i) unrelated organizations						3a(i)	Х	37
	(ii) related organizations						3a(ii)		<u>X</u>
b	If "Yes" to 3a(ii), are the related organizations						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pa	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered	l "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or of	1 ' '		Accumul		(d) Boo	k value	:
		basis (investr	nent) basis	(other)	depreciati	on			
1a	Land								
b	Buildings								
С	Leasehold improvements			5,534.	352,		1	2,93	34.
d	Equipment		12	7,205.	116,	593.	1	0,61	L 2 .
е	Other								
	Add lines 1a through 1e (Column (d) must ed		X column (B) line 1	(O(c) )			2.	3,54	16.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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. lin	e 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 lin	e 11d See Form 990 Part X line 15	
	Description	e rra. dee romi 330, rait X, mie 13.	(b) Book value
(1) US BANCORP - CUSTODIAL -	•		8,560.
(2) BOARD DESIGNATED INVESTME			315,874.
(3) BENEFICIAL INTEREST	1110		84,063.
(-)			01,003.
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15 \		408,497.
Part X Other Liabilities.	e 15.)		400,437.
	to Forms 000 Dort IV lin	- 11 11f C Faura 000 Dark V line 05	
Complete if the organization answered "Yes"  (a) Description of liability	To Form 990, Part IV, IIII	(b) Book value	
•		(b) BOOK Value	
(1) Federal income taxes (2) ALLOCATIONS PAYABLE		1,117,582.	
(=)		1,117,562.	
(3)			
(4)			
(5)			
(6)			
(8)	l		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoonup2. 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 X

Schedule D (Form 990) 2013

(9)

1,117,582.

Part XI Reconciliation of Revenue per Audited Financial Sta		Dovonuo nor E		0/34490 Page 2
Part XI Reconciliation of Revenue per Audited Financial Statement Complete if the organization answered "Yes" to Form 990, Part IV, lin		i nevellue per r	returi	1.
			1	1,494,188
<ul><li>Total revenue, gains, and other support per audited financial statements</li><li>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li></ul>			-	1,404,100
	2a	65,575.		
		40,000.		
		10,000		
Recoveries of prior year grants     Other (Describe in Part XIII.)	1 1	17,069.		
· · · · · · · · · · · · · · · · · · ·			2e	122,644
			3	1,371,544
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			3	1/3/1/311
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		327,291.	-	
b Other (Describe in Part XIII.) c Add lines 4a and 4b			_	327,291
			4c	1,698,835
Part XII   Reconciliation of Expenses per Audited Financial St				
Complete if the organization answered "Yes" to Form 990, Part IV, lin		ii Expenses per	Hetu	
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:			•	1,103,102
· · · · · · · · · · · · · · · · · · ·	2a	40,000.		
a Donated services and use of facilities		40,000	4	
<b>b</b> Prior year adjustments			-	
c Other losses		17,069.	-	
d Other (Describe in Part XIII.)				57 060
e Add lines 2a through 2d			2e	57,069 1,408,113
3 Subtract line 2e from line 1			3	1,400,113
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b		207 201	-	
b Other (Describe in Part XIII.)		327,291.	_	207 201
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 1	8.)		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	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional infor	mation.		
DADM THE TIME OD.				
PART IV, LINE 2B:				
MILE DIMITED COLINAY INTERD WAY ADMINICATED	AND ACEC	λC		
THE BUTLER COUNTY UNITED WAY ADMINISTERS	AND ACTS	AS		
CIICMODIAN EOD AN IINEMDIOVMENT EIIND EOD OT	ינופס אוריים פ		OPC	7 M T 7 7 M T ∩ M C
CUSTODIAN FOR AN UNEMPLOYMENT FUND FOR OT	nek NOI-E	OK-PROFII	OKG	ANIZATIONS.
PART V, LINE 4:				
TIME V, BIND 4.				
THE BOARD DESIGNATED CASH AND INVESTMENTS	FOR THE	PURPOSE OF	ק	
		10111002 01		
MAINTAINING APPROXIMATELY TWO TO THREE MO	NTHS OF F	RESERVES FO	R F	UTURE
ALLOCATIONS TO SUPPORTED AGENCIES AND PRO	GRAMS.			
PART X, LINE 2:				
THE ORGANIZATION'S INCOME TAX FILINGS ARE	SUBJECT	TO AUDIT E	ВY	

Schedule D (Form 990) 2013

VARIOUS TAXING AUTHORITIES.

THE YEARS OF FILINGS OPEN TO THESE

31-0734490 Page 5 BUTLER COUNTY UNITED WAY Schedule D (Form 990) 2013 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. 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.

Schedule D (Form 990) 2013

#### **SCHEDULE G**

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Employer identification number

BUTLER	COUNTY UNITED V	WAY			31-0734	490
Fundraising Activities required to complete this par	<ul> <li>Complete if the organization t.</li> </ul>	answered	"Yes" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	e S f S g S  or oral agreement with any indepent VII) or entity in connection ividuals or entities (fundraisers	Solicitation Solicitation Special fun dividual (inc	of non-o of gove draising cluding o	povernment grants rnment grants events officers, directors, tru fundraising services	stees or Yes	
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Gross receipts from activity  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)						
		Ye	s No			
otal			▶			
<ol><li>List all states in which the organization or licensing.</li></ol>	n is registered or licensed to	solicit con	tribution	s or has been notifie	d it is exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2013

31-0734490 Page 2 Schedule G (Form 990 or 990-EZ) 2013 BUTLER COUNTY UNITED WAY 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 CHICAGO BUS BOARD NONE (add col. (a) through LEADERSHIP TRIPS col. (c)) (event type) (total number) (event type) Revenue 8,992. 6,500. 15,492. 1 Gross receipts 1,000 2,147 3,147. 2 Less: Contributions 7,992 4,353 12,345. Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages Entertainment 8,083. 752. 10,835. Other direct expenses 10,835. 10 Direct expense summary. Add lines 4 through 9 in column (d) 1,510. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue

מו	2	Cash prizes								
Expense	3	Noncash prizes								
Direct	4	Rent/facility costs					_			
	5	Other direct expenses								
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)							
	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?  b If "No," explain:									
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?									
	_			<u> </u>			_			

332082 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 BUTLER COUNTY UNITED WAY	31-0	1344	90 Page	<u> 3</u>
11 Does the organization operate gaming activities with nonmembers?		Y	es 📖 I	No
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	d			
to administer charitable gaming?		Y	es 🔲 I	No
13 Indicate the percentage of gaming activity operated in:				
a The organization's facility		13a		%
<b>b</b> An outside facility		13b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re				_
Name ▶				_
Address >				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es 🗌 I	No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the	amount			
of gaming revenue retained by the third party > \$				
c If "Yes," enter name and address of the third party:				
Name				
Address >				
16 Gaming manager information:				
Name ▶				
Gaming manager compensation ▶ \$				
Description of services provided				
				_
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		_ L Y	es 📖 I	No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the			
organization's own exempt activities during the tax year ▶ \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), a	nd Part III. lir	nes 9. 9l	b. 10b. 15b	— ).
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see inst		,	, ,	,
(				_
				—
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				—
				_
				—
				—

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

Schedule I (Form 990) (2013)

31-0734490 BUTLER COUNTY UNITED WAY 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 XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable cash grant non-cash assistance or assistance or government non-cash FMV, appraisal, assistance other) ALCOHOL & CHEMICAL ABUSE COUNCIL SUBSTANCE ABUSE 2935 HAMILTON-MASON RD PREVENTION AND FAMILY HAMILTON, OH 45011 31-0784671 501 (C)(3) 54,000 0 MEDIATION PROJECT AMERICAN RED CROSS 112 N 2ND ST 53-0196605 0 HAMILTON, OH 45011 501 (C)(3) 20,000 GENERAL SUPPORT BIG BROTHERS BIG SISTERS OF BUTLER COUNTY, INC. - 5539 EUREKA DR -HAMILTON, OH 45011 0 31-0846147 501 (C)(3) 110,615 MENTORING PROGRAMS BOYS & GIRLS CLUB OF HAMILTON INC. - 958 EAST AVE - HAMILTON, OH AFTER SCHOOL YOUTH 45011 31-0616383 501 (C)(3) 81,254, 0 DEVELOPMENT CATHOLIC CHARITIES SOUTHWESTERN OHIO - 140 N 5TH ST - HAMILTON, OH COUNSELING AND SEXUAL 31-0536968 45011 501 (C)(3) 47,023. 0 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 28. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for 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>(b)</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	<b>(h)</b> 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	

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	

Page 1

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance cash grant non-cash or assistance assistance (book, FMV, appraisal, other) 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 31-0859104 501 (C)(3) 10,000 0 GENERAL SUPPORT CINCINNATI, OH 45229 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

(a) Type of grant or assistance	<b>(b)</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 assistanc
Part IV Supplemental Information. Provide the information	n required in Part I, lind	e 2, Part III, colum	n (b), and any other a	dditional information.	
PART I, LINE 2:					
FUNDING DECISIONS ARE DETERMINED	USING THE	FOLLOWING	G: PROGRAM		
OUTCOMES REVIEW, UNITED WAY'S FU	JNDING AGRE	EMENT CRI	TERIA, AVAI	LABLE FUNDS	
PER IMPACT AREA. OUTCOME AND PRO					
			CHNICAL SUP	FORT WAS	
OFFERED TO ALL AGENCIES THROUGHO	OUT THE YEAD	R.			

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

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,

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.

332211 09-04-13

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

BUTLER COUNTY UNITED WAY	31-0734490
OF AMERICA SALARY SURVEY IS USED IN AN EFFORT TO KEEP COM	IPENSATION 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.	

Form 886	88 (Rev. 1-2014)							Page 2
	are filing for an Additional (Not Automatic) 3-Month Ex	tension. c	complete only Par	t II and check this	s box		<b></b>	X
	ly complete Part II if you have already been granted an a							
	are filing for an Automatic 3-Month Extension, comple			. ,				
Part II	Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only	/ file the origin	al (no c	opies ne	eded).	
				Enter filer's	identifyii	ng numbe	r, see instr	uctions
Type or	e or Name of exempt organization or other filer, see instructions.						ation numbe	r (EIN) or
print								
File by the BUTLER COUNTY UNITED WAY								)
due date for filing your return. See	your Number, street, and room or suite no. If a P.O. box, see instructions.						nber (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a for HAMILTON , OH $45011$	oreign add	lress, see instructio	ons.				
Enter the	Return code for the return that this application is for (file	a senara	te application for e	each return)				0 1
Applicati	on	Return	Application					Return
Is For	1 or Form 000 F7	Code	Is For					Code
Form 990	or Form 990-EZ	01 02	Form 1041-A					08
	20 (individual)	03	Form 4720 (other	than individual)				09
Form 990		04	Form 5227	triari iriarvidadi)				10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069					11
	0-T (trust other than above)	06	Form 8870 12					12
STOP! Do	o not complete Part II if you were not already granted	an auton	natic 3-month ext	ension on a prev	iously file	ed Form 8	3868.	
Teleph  If the o	JANICE C • TROUTE DOORS are in the care of ► 323 NORTH THIRITY THIRITY THIS STATE OF THE PROPERTY OF THE PROP	STR	Fax No. $\triangleright 51$ nited States, check	L3-863-34 (this box	67 f this is fo	r the who	le group, ch	
<b>4</b> I re	quest an additional 3-month extension of time until		15, 2015					
<b>5</b> For	calendar year, or other tax year beginning	JUL 1	, 2013	, and endin	g JUN	30,	2014	·
6 If th	ne tax year entered in line 5 is for less than 12 months, c $\Box$	heck reas	on: L Initia	I return L	Final ı	eturn		
	☐ Change in accounting period							
7 Sta	te in detail why you need the extension DDITIONAL INFORMATION FROM OT	יתפדחו	F COTIDCEC	MEEDED T	O ETT.	E A C	י∩אד.דיו	<u> </u>
	ID ACCURATE RETURN HAS YET TO							
	S RECEIPT.	י פט כ	KECHIVED.	KEIOKN W	<u> </u>	n rii	JED OIC	
		or 6069	enter the tentative	tay less any				
	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.							0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	enter an	v refundable credit	s and estimated	8a	\$		
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid							
	eviously with Form 8868.		,	•	8b	\$		0.
c Bal	alance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using							
EF1	EFTPS (Electronic Federal Tax Payment System). See instructions.							0.
	Signature and Verificat alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this for	ing accomp	•		•	f my know	ledge and beli	ef,
Signature			DENT AND (	TEO.	Date			
oignature	Title 🕨 1	TECTI	CTIAI WIAD (	<u></u>	Dale	-	n 0060 /D	1 201 4\
						ron	n <b>8868</b> (Rev	. 1-2014)