



**Part III Statement of Program Service Accomplishments (See the instructions for Part III.)**

What is the organization's primary exempt purpose?

See attached statement.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See attached statement.

(Grants \$ **237,950**) If this amount includes foreign grants, check here

**Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

**28a 263,557**

29

(Grants \$ ) If this amount includes foreign grants, check here

29a

30

(Grants \$ ) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32

**263,557**

**Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)**

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chris Malanga PO Box 525 Bryan OH 43506	Executive Di 40	45,379	0	0
Heather Teegarden PO Box 525 Bryan OH 43506	President 0	0	0	0
Steve Rieman PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Jennifer Benner PO Box 525 Bryan OH 43506	Secretary 0	0	0	0
George Brown PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Dennis Fenstermaker PO Box 525 Bryan OH 43506	V. President 0	0	0	0
Kip Winzler PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Dee Custar PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Dale Mathys PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Deb Nester PO Box 525 Bryan OH 43506	Treasurer 0	0	0	0
Vickie Zippay PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Nick Woodall PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Mark Miller PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Damian Dorsten PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Gloria Gilcher PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Nikki McCullough PO Box 525 Bryan OH 43506	Trustee 0	0	0	0
Chris Walker PO Box 525 Bryan OH 43506	Trustee 0	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr. u 37a		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 u ; section 4912 u ; section 4955 u		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u		
d	Enter amount of tax on line 40c reimbursed by the organization u		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. u OH		
42a	The books are in care of u Chris Malanga Telephone no. u 419-636-8603 P.O. Box 525 Located at u Bryan, OH ZIP + 4 u 43506		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: u		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: u		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here u <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year u 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 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		<b>X</b>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
49a Did the organization make any transfers to an exempt non-charitable related organization?		<b>X</b>
b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$100,000 ▶

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

Total number of other independent contractors each receiving over \$100,000 ▶

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

**Sign Here**  
 Signature of officer: Heather L. Teegarden Date: 11-10-09  
 Type or print name and title: Heather L. Teegarden President

**Paid Preparer's Use Only**  
 Preparer's signature: Carma Rupp Date: 11-6-09 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Penrod & George  
421 Independence Drive  
Napoleon, OH 43545  
 Preparer's Identifying Number (See instr.): P00002360  
 EIN: 34-1176143  
 Phone no.: 419-599-8045

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	389,600	383,974	403,356	393,893	334,044	1,904,867
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	389,600	383,974	403,356	393,893	334,044	1,904,867
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						1,904,867

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	389,600	383,974	403,356	393,893	334,044	1,904,867
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,705	2,813	18,740	12,153	8,810	56,221
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						1,961,088

**12** Gross receipts from related activities, etc. (see instructions) 12

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

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 97.1332 %

**15** Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 96.9849 %

**16a 33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> 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						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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



**Depreciation and Amortization**  
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **United Way of Williams County** Identifying number **34-6527352**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>374</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	<b>374</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

**Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

<u>Description</u>	<u>Amount</u>
Unrealized loss on investment	\$ <u>-21,935</u>
Total	\$ <u><u>-21,935</u></u>

## Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

Name and Address	Relationship to Organization		Class of Activity	Date of Gift	Purpose	
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	
AMERICAN RED CROSS	20,247					
BIG BROTHERS & BIG SISTERS	8,355					
BOY SCOUTS OF AMERICA/BLACK SWAMP	8,636					
CANCER ASSISTANCE OF WILLIAMS COUNT	12,795					
CENTER FOR CHILD & FAMILY ADVOCACY	7,126					
COMMUNITY COMPASSION	15,028					
COMMUNITY PREGNANCY CENTER	8,250					
COMPASHION MEDICAL CLINIC	5,728					
FAST PROGRAM	10,175					
FIRST CALL FOR HELP	11,595					
FOUR COUNTY FAMILY CENTER - FAMILY	10,370					
HABITAT FOR HUMANITY	6,466					

## Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)**

Name and Address	Relationship to Organization		Class of Activity	Date of Gift		
Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
HELP, INC	9,850					
HOSPICE	5,093					
LEGAL AIDE	6,000					
LUTHERAN SOCIAL SERVICES	8,978					
NOCAC - SPARK	12,044					
RSVP	7,500					
SANCTUARY	10,352					
SHALOM MINISTRIES	8,677					
WOMEN AND FAMILY SEVICES	10,088					
YMCA - ACCESS	22,210					
OTHER UNITED WAYS	14,949					
CURRENT YEAR PAYABLE	235,190					

## Federal Statements

**Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid (continued)**

Name and Address	Relationship to Organization	Class of Activity	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	Purpose
BRYAN AREA FOUNDATION					10,750					
Ohio United Way					1,177					
United Way of America					3,909					
Total					<u>491,538</u>					

# Federal Statements

## Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Travel	1,053
Conferences and meetings	1,119
Bank Charges	7
Dues and subscriptions	80
Filing fees	200
Printing & Materials	15,360
Professional development	335
Miscellaneous	373
Postage	2,218
Office Supplies	873
Telephone	1,485
Association Fees	499
Equipment & Office Costs	2,520
Insurance	7,922
Total	\$ <u>34,044</u>

## Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
Pledges Receivable	\$ 205,824	\$ 176,454
Less Allowance	12,349	18,310
Accounts Receivable	444	
	<u>193,919</u>	<u>158,144</u>

## Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,303	\$ 3,541
Grants Payable	247,420	235,190
	<u>249,723</u>	<u>238,731</u>

**United Way of Williams County**

34-6527352

Charitable Purpose

Part III - Organization's Primary Exempt Purpose

**Our Vision**

*The United Way of Williams County enhances the quality of life within our Community by providing a way to care for all of our citizens.*

*With the goals of uniting our community's outreach efforts and meeting the true needs of our neighbors, we facilitate financial giving, promote volunteerism and coordinate human service providers.*

*Our partnership with the Business Community, Citizens, and Agencies mobilizes our County's aggregate efforts to maximize the positive impact for our children, families and senior citizens.*

**Activities supporting the Vision**

The United Way of Williams County strives to make Bryan, Edgerton, Edon, Holiday City, Montpelier, Pioneer, Stryker, West Unity, and surrounding areas better places to live by partnering with 32 Williams County social service agencies to:

- Raise, allocate, and expend funds for needed services in a fiscally responsible manner;
- Continuously evaluate and improve those services;
- Communicate their availability; and
- Encourage social service volunteerism.

*We support programs in three basic areas:*

- Education
- Income
- Health

In addition to services provided by our network of agencies, United Way provides direct services through three internal programs, Dolly Parton's Imagination Library, the Financial Stability Partnership and the United Way "Let Me Play" Fund.

### **Dolly Parton's Imagination Library**

Children enrolled in this program receive a new book delivered to their home each month for the first five years of their life. The program fosters learning, appreciation of books, and encourages parents to read to their children. The Dollywood Foundation provides the books with a minimal cost of \$30 per year per child to the United Way.

### **United Way Financial Stability Partnership/Ohio Benefit Bank**

The United Way Financial Stability Partnership was created to strengthen communities by identifying and tackling the underlying causes of the financial hardship facing today's families. United Way of Williams County uses the Ohio Benefit Bank – a program of the Ohio Association of Second Harvest Food Banks and the Governor's Office of Faith-Based and Community Initiatives – to help families claim all the tax credits they are entitled to, and help them to register for other work supports.

### **United Way "Let Me Play" Fund**

The "Let Me Play" fund will provide player's fees, uniform costs, or even equipment to children who would like to participate in recreation programs, but do not have the means to do so. Activities for kids, including sports, and recreation programs teach life skills like teamwork, dedication, work ethic, and build self esteem. "Let Me Play" ensures that Williams County children have the opportunity to participate in these activities regardless of the family's financial situation.

### **National Initiatives, including 2-1-1**

United Way of Williams County also supports the national initiatives of United Way of America wherever possible, including the 2-1-1 initiative.

2-1-1 is an easy to remember telephone number that connects people with important community services and volunteer opportunities. In Williams County, 2-1-1 is provided by First Call for Help in Napoleon, Ohio. United Way of Williams County funding ensures that this valuable resource is available to all county residents, 24 hours a day, seven days a week. They know that this simple phone number will connect them with a live human being who will be able to help in their time of need.