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Return of Organization Exempt From Income Tax**2009**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection**For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See specific instructions. UNITED WAY OF THE VALLEY & GREATER UTICA AREA INC. 270 GENESEE STREET UTICA, NY 13502-4617	D Employer identification number 15-0532074	E Telephone number (315) 733-4691	G Gross receipts \$ 3,526,133.	F Name and address of principal officer PHILIP N. HAYNE SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.UNITEDWAYGU.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1921		M State of legal domicile NY		

Part I Summary

Revenue	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE INDIVIDUAL WELL BEING, STRENGTHEN FAMILIES, AND IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY.</u>																								
Expenses	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of employees (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b	28 27 18 1,160 0. 0.																							
Net Assets or Fund Balances	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11-24) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr><td>3,134,739.</td><td>3,332,665.</td></tr> <tr><td>127,865.</td><td>67,259.</td></tr> <tr><td>52,944.</td><td>23,499.</td></tr> <tr><td>66,883.</td><td>68,913.</td></tr> <tr><td>3,382,431.</td><td>3,492,336.</td></tr> <tr><td>2,455,880.</td><td>2,715,810.</td></tr> <tr><td>571,865.</td><td>568,162.</td></tr> <tr><td>335,206.</td><td>324,463.</td></tr> <tr><td>3,362,951.</td><td>3,608,435.</td></tr> <tr><td>19,480.</td><td>-116,099.</td></tr> </tbody> </table>	Prior Year	Current Year	3,134,739.	3,332,665.	127,865.	67,259.	52,944.	23,499.	66,883.	68,913.	3,382,431.	3,492,336.	2,455,880.	2,715,810.	571,865.	568,162.	335,206.	324,463.	3,362,951.	3,608,435.	19,480.	-116,099.	
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Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Beginning of Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr><td>4,331,289.</td><td>4,427,394.</td></tr> <tr><td>845,343.</td><td>979,679.</td></tr> <tr><td>3,485,946.</td><td>3,447,715.</td></tr> </tbody> </table>	Beginning of Year	End of Year	4,331,289.	4,427,394.	845,343.	979,679.	3,485,946.	3,447,715.															
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Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Timothy R. Reed Interim ▶ Timothy R. Reed Executive Director Type or print name and title	Date	11/12/10
Paid Preparer's Use Only	Preparer's signature RICHARD F. ZWEIFEL Firm's name (or yours if self-employed), address, and ZIP + 4 GRUVER, ZWEIFEL & SCOTT, LLP 7936 SENECA TURNPIKE CLINTON, NY 13323	Date	11/09/10
		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
		EIN ▶	N/A
		Phone no ▶	(315) 797-7781

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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9-17

Part III. Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO PROMOTE INDIVIDUAL WELL BEING, STRENGTHEN FAMILIES, AND IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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?

☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,977,090. including grants of \$ 2,715,810.) (Revenue \$)

COMMUNITY IMPACT FUNDING-IMPROVING LIVES BY MOBILIZING COMMUNITIES TO CREATE SUSTAINED CHANGES IN THE COMMUNITY CONDITIONS. COMMUNITY IMPACT FUNDING INCLUDES BUILDING COMMUNITY PARTNERSHIPS AND COALITIONS, ASSESSMENT OF COMMUNITY NEEDS, AND FUND DISTRIBUTION. THE UNITED WAY FUNDED 51 AGENCIES IN 2009.

4b (Code:) (Expenses \$ 63,240. including grants of \$) (Revenue \$ 17,445.)

2-1-1 PROGRAM - GRANT MONEY USED TO DEVELOP A COMPREHENSIVE REGIONAL '2-1-1 BUSINESS PLAN' TO INCLUDE THE FOLLOWING ELEMENTS: ASSESSMENT OF EXISTING INFORMATION AND REFERRAL PROGRAMS AND THE RESOURCES (FINANCIAL, HUMAN AND TECHNICAL) THAT SUPPORT THEM; IDENTIFICATION AND ASSESSMENT OF ALTERNATIVE MODELS TO RATIONALIZE INFORMATION AND REFERRAL DATA COLLECTION AND SERVICE DELIVERY THROUGH REGIONAL 2-1-1 SERVICE; DETERMINATION OF WHICH MODEL WILL ASSURE THE MOST EFFICIENT AND EFFECTIVE USE OF RESOURCES TO PROVIDE HIGH QUALITY 2-1-1 SERVICE; AND ARTICULATE THE CASE FOR THE SELECTED SERVICE DELIVERY MODEL. THE ULTIMATE GOAL OF THE PLAN WAS TO DEVELOP A MODEL TO USE IN REQUESTING GRANT MONEY. THE PROGRAM HAS COMPLETED THE PLAN AND CORRESPONDING REPORT, BUT NO ADDITIONAL FUNDS HAVE BEEN RAISED AT THIS TIME.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 3,040,330.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III		X
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		X
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		X
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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1 a Enter -0- if not applicable		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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		
2 b	If at least one is reported on line 2 a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5 a or 5 b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from other members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body	28	
b Enter the number of voting members that are independent	27	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O		X

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

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

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

MARGE FRANCIS 270 GENESEE STREET, UTICA, NY 13502-4617 (315) 733-4691

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ALLISON DAMIANO-DETRAGLIA DIRECTOR	1	X						0.	0.	0.
PHILIP N. HAYNE EXECUTIVE DIREC	40	X		X				104,000.	0.	13,210.
JACQUELINE WOUDENBERG TREASURER	1	X		X				0.	0.	0.
AMBER J. CLARKE ASSIST. TREAS.	1	X		X				0.	0.	0.
BURT DANOVIITZ DIRECTOR	1	X						0.	0.	0.
FRED D. MATT VICE PRESIDENT	1	X		X				0.	0.	0.
ROBERT L. BRADLEY COMMITTEE CHAIR	1	X						0.	0.	0.
LAWRENCE T. GILROY III IMMED PAST PRES	1	X						0.	0.	0.
ANTHONY J. SCIBELLI ALLOC. CHAIR	1	X						0.	0.	0.
BETH A BREWER DIRECTOR	1	X						0.	0.	0.
DEBORAH A. DEMPSEY-TAYLER DIRECTOR	1	X						0.	0.	0.
EVE VAN DEWAL COMM INV CHAIR	1	X						0.	0.	0.
KENNETH M. TOMPKINS VICE PRESIDENT	1	X		X				0.	0.	0.
FRED C MONACO II DIRECTOR	1	X						0.	0.	0.
DEANNA R STUBLEY DIRECTOR	1	X						0.	0.	0.
JOHN H. HOBIKA, JR. CAMPAIGN CHAIR	1	X						0.	0.	0.
JAMES WALLACE FIRST VICE PRES	1	X		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DONALD CARBONE VICE PRESIDENT	1	X		X				0.	0.	0.
ANTHONY COLON GOV/VOL. CHAIR	1	X						0.	0.	0.
PATRICK JOHNSON DIRECTOR	1	X						0.	0.	0.
TODD S. HUTTON PRESIDENT	1	X		X				0.	0.	0.
PATRICK J. COSTELLO DIRECTOR	1	X						0.	0.	0.
MARY MALONE MCCARTHY DIRECTOR	1	X						0.	0.	0.
MAIMUN N. KHAN DIRECTOR	1	X						0.	0.	0.
BERNADETTE SUNDERLIN DIRECTOR	1	X						0.	0.	0.
STEPHEN M. OWEN DIRECTOR	1	X						0.	0.	0.
KAY LANAUX DIRECTOR	1	X						0.	0.	0.
BRIAN P. LYTWYNEC DIRECTOR	1	X						0.	0.	0.
TRACY WIMMER DIR FIN & ADMIN	40			X			45,227.	0.	8,594.	
MARGARET E FRANCIS DIR FIN & ADMIN	40			X			866.	0.	0.	
1 b Total							150,093.	0.	21,804.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of Services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a	3,322,037.			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,628.			
	g Noncash contribns included in lns 1a-1f: \$					
h Total. Add lines 1a-1f			3,332,665.			
PROGRAM SERVICE REVENUE	2a <u>RELATED RENTAL INCOME</u>		Business Code			
	b <u>2-1-1 PROGRAM</u>			49,814.	49,814.	
	c -----			17,445.	17,445.	
	d -----					
	e -----					
	f All other program service revenue					
	g Total. Add lines 2a-2f			67,259.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			24,019.		24,019.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents		(i) Real (ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses			31,147.		
	c Gain or (loss)			31,667.		
	d Net gain or (loss)			-520.	-520.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	5,014.		
	b Less: direct expenses		b	2,130.		
	c Net income or (loss) from fundraising events			2,884.		2,884.
	9a Gross income from gaming activities. See Part IV, line 19		a			
	b Less: direct expenses		b			
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a <u>MANAGEMENT FEES</u>			66,029.	66,029.		
b -----						
c -----						
d All other revenue						
e Total. Add lines 11a-11d			66,029.			
12 Total revenue. See instructions			3,492,336.	132,768.	0.	26,903.

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) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,715,810.	2,715,810.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	150,093.	55,534.	49,531.	45,028.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	310,228.	119,034.	93,394.	97,800.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,457.	10,187.	10,236.	8,034.
9 Other employee benefits	44,367.	12,969.	16,172.	15,226.
10 Payroll taxes	35,017.	12,848.	11,681.	10,488.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	84,537.	64,290.	17,366.	2,881.
12 Advertising and promotion				
13 Office expenses	27,282.	6,631.	9,956.	10,695.
14 Information technology				
15 Royalties				
16 Occupancy	44,359.	10,674.	15,755.	17,930.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,990.	1,442.	2,156.	2,392.
20 Interest				
21 Payments to affiliates	30,492.	7,318.	10,977.	12,197.
22 Depreciation, depletion, and amortization	25,790.	6,222.	9,198.	10,370.
23 Insurance	4,228.	1,015.	1,522.	1,691.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RENTAL EXPENSES	39,481.		39,481.	
b CAMPAIGN SUPPLIES	37,579.	8,859.	13,829.	14,891.
c MEMBERSHIP DUES & SUBSCRIPTION	8,914.	2,139.	3,209.	3,566.
d POSTAGE AND SHIPPING	7,624.	1,838.	2,724.	3,062.
e VEHICLE & RELATED	5,084.	1,255.	1,776.	2,053.
f All other expenses	3,103.	2,265.	397.	441.
25 Total functional expenses. Add lines 1 through 24f	3,608,435.	3,040,330.	309,360.	258,745.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	372,150.	1	279,295.
	2 Savings and temporary cash investments	271,557.	2	1,299,848.
	3 Pledges and grants receivable, net	1,806,910.	3	1,952,023.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,325.	9	12,193.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,119,064.		
	b Less: accumulated depreciation.	10b 702,135.	441,582.	10c 416,929.
	11 Investments — publicly-traded securities	953.	11	1,909.
	12 Investments — other securities. See Part IV, line 11	1,143,238.	12	101,714.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	286,574.	15	363,483.
16 Total assets. Add lines 1 through 15 (must equal line 34).	4,331,289.	16	4,427,394.	
LIABILITIES	17 Accounts payable and accrued expenses	43,123.	17	41,437.
	18 Grants payable	39,645.	18	69,645.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties.		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	762,575.	25	868,597.
	26 Total liabilities. Add lines 17 through 25.	845,343.	26	979,679.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets.		1,631,257.	27	1,599,827.
28 Temporarily restricted net assets		1,608,915.	28	1,601,201.
29 Permanently restricted net assets		245,774.	29	246,687.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, and equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances.		3,485,946.	33	3,447,715.
34 Total liabilities and net assets/fund balances		4,331,289.	34	4,427,394.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. ☐ Cash ☒ 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?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

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) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "unusual grants.")	3,943,370.	3,139,307.	3,337,220.	3,134,739.	3,332,665.	16,887,301.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-through 3	3,943,370.	3,139,307.	3,337,220.	3,134,739.	3,332,665.	16,887,301.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 Public support. Subtract line 5 from line 4						16,887,301.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,943,370.	3,139,307.	3,337,220.	3,134,739.	3,332,665.	16,887,301.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	37,596.	47,961.	55,753.	52,501.	23,499.	217,310.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-215.	1,199.				984.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART. IV	49,179.	50,218.	51,414.	60,046.	66,029.	276,886.
11 Total support. Add lines 7 through 10						17,382,481.
12 Gross receipts from related activities, etc. (see instructions).					12	56,322.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	97.2 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.1 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 – 2008.** 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 – 2009** 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 – 2008.** 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 yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. 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. <input type="checkbox"/>		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 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. <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

15-0532074

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
MANAGEMENT FEES & MISC	66,029.	60,046.	51,414.	50,218.	49,179.
TOTAL	<u>\$ 66,029.</u>	<u>\$ 60,046.</u>	<u>\$ 51,414.</u>	<u>\$ 50,218.</u>	<u>\$ 49,179.</u>

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.**Supplemental Financial Statements**

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545 0047

2009**Open to Public
Inspection**

Employer identification number

15-0532074

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

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

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

b If 'Yes,' explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	286,574.	387,625.			
b Contributions	913.	560.			
c Net investment earnings, gains, and losses	79,512.	-90,546.			
d Grants or scholarships	2,000.	2,000.			
e Other expenditures for facilities and programs		7,362.			
f Administrative expenses	1,516.	1,703.			
g End of year balance	363,483.	286,574.			

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

SEE PART XIV

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		100,000.		100,000.
b Buildings		465,220.	301,531.	163,689.
c Leasehold improvements		326,578.	198,328.	128,250.
d Equipment		149,117.	130,160.	18,957.
e Other		78,149.	72,116.	6,033.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				416,929.

BAA

Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) ▶		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
INTEREST IN ASSETS HELD BY THIRD PARTY	363,483.
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) ▶	363,483.

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
CAMPAIGN DESIGNATIONS PAYABLE	863,854.
REFUNDABLE ADVANCES	4,743.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	868,597.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	3,492,336.
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,608,435.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-116,099.
4	Net unrealized gains (losses) on investments	77,868.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	77,868.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-38,231.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	2,632,009.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	77,868.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	77,868.
3	Subtract line 2e from line 1	3	2,554,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	938,195.
c	Add lines 4a and 4b	4c	938,195.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,492,336.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,670,240.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,670,240.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	938,195.
c	Add lines 4a and 4b	4c	938,195.
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	3,608,435.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

THE ENDOWMENT FUNDS ARE CURRENTLY HELD BY THE COMMUNITY FOUNDATION OF HERKIMER &

ONEIDA COUNTIES, INC. THESE FUNDS CONSIST OF DONOR-RESTRICTED CONTRIBUTIONS AND

AMOUNTS DESIGNATED BY THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. THE BOARD

DESIGNATED PORTION ALONG WITH EARNINGS ARE USED TO COVER OPERATING OR OTHER COSTS AS

NEEDED AT THE DISCRETION OF THE BOARD OF DIRECTORS.

Part XIV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

15-0532074

SCHEDULE D, PART XII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

DONOR DESIGNATED CONTRIBUTIONS
RENTAL EXPENSES

\$	898,714.
	39,481.
TOTAL \$	<u>938,195.</u>

SCHEDULE D, PART XIII, LINE 4B

OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

ALLOCATIONS FROM DESIGNATED CONTRIB.
RENTAL EXPENSES

\$	898,714.
	39,481.
TOTAL \$	<u>938,195.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009



Name of the organization

UNITED WAY OF THE VALLEY & GREATER

Part I General Information on Grants and Assistance

Employer identification number

15-0532074

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS COMMUNITY RESOURCES 627 W. GENESEE STREET SYRACUSE, NY 13204			10,771.	0.			FUNDED PARTNER
AMERICAN RED CROSS-UTICA 1415 GENESEE STREET UTICA, NY 13502			104,758.	0.			FUNDED PARTNER
BOYS' AND GIRLS' CLUB OF UTICA 755 LANSING STREET UTICA, NY 13502			63,384.	0.			FUNDED PARTNER
CATHOLIC CHARITIES, UTICA-ROME 1408 GENESEE STREET UTICA, NY 13502			67,436.	0.			FUNDED PARTNER
COMPEER OF THE MOHAWK VALLEY 1518 GENESEE STREET UTICA, NY 13502			24,328.	0.			FUNDED PARTNER
COUNTRY PANTRY (KIRKLAND) ROME, NY 13440			5,665.	0.			FUNDED PARTNER
ELDERLIFE CLAIRE BRIDGE CLINTON, NY 13323			19,191.	0.			FUNDED PARTNER
FAMILY SERVICES OF THE MOHAWK VA 401 COLUMBIA STREET UTICA, NY 13502			127,530.	0.			FUNDED PARTNER

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

28
1

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
UNITED WAY OF THE VALLEY & GREATER		15-0532074					
Part II Continuation of Grants 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
FOOTHILLS GIRL SCOUTS COUNCIL 33 JEWETT PLACE UTICA, NY 13501			5,442.				FUNDED PARTNER
GREATER UTICA COMM FOOD BANK 251 BLECKER STREET UTICA, NY 13501			47,254.				FUNDED PARTNER
HOSPICE AND PALLIATIVE CARE, INC 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD, NY 13413			77,289.				FUNDED PARTNER
JCTOD 26 JOHNSON PARK UTICA, NY 13501			102,686.				CAMPAIGN CONTRACT
KIRKLAND ARTS CENTER EAST PARK ROW CLINTON, NY 13323			5,624.				FUNDED PARTNER
LEGAL AID SOCIETY OF MID-NEW YOR 255 GENESEE STREET UTICA, NY 13501			52,830.				FUNDED PARTNER
MULTI-CULTURAL ASSOC FOR MED. IN 309 GENESEE STREET UTICA, NY 13501			11,350.				FUNDED PARTNER
MV COUNCIL ON ALCOHOLISM/ADDICTI 502 COURT ST, SUITE 401 UTICA, NY 13502			7,604.				FUNDED PARTNER
MV RESOURCE CENTER FOR REFUGEES 309 GENESEE STREET UTICA, NY 13501			24,735.				FUNDED PARTNER
NEIGHBORHOOD CENTER OF UTICA 615 MARY STREET UTICA, NY 13501			165,034.				FUNDED PARTNER

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization		Employer identification number					
UNITED WAY OF THE VALLEY & GREATER		15-0532074					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)							
(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
RESOURCE CENTER FOR INDEPENDENT 409 COLUMBIA STREET UTICA, NY 13502			278,213.				FUNDED PARTNER
REVOLUTIONARY TRAILS COUNCIL 1401 GENESEE STREET UTICA, NY 13501			32,631.				FUNDED PARTNER
SALVATION ARMY 14 CLINTON PLACE UTICA, NY 13501			48,321.				FUNDED PARTNER
SAMARITAN COUNSELING CENTER 1643 GENESEE STREET UTICA, NY 13501			26,584.				FUNDED PARTNER
THE A.R.C. OF ONEIDA-LEWIS CHAP 245 GENESEE STREET UTICA, NY 13502			35,275.				FUNDED PARTNER
THE PEACEMAKER PROGRAM 270 GENESEE STREET UTICA, NY 13501			55,341.				FUNDED PARTNER
THEA BOWMAN HOUSE 731 LAFAYETTE STREET UTICA, NY 13502			83,759.				FUNDED PARTNER
UPSTATE CEREBRAL PALSY 1020 MARY STREET UTICA, NY 13501			73,040.				FUNDED PARTNER
UTICA SAFE SCHOOLS 1115 MOHAWK STREET UTICA, NY 13501			24,872.				FUNDED PARTNER
YMCA OF THE MOHAWK VALLEY 83 E MAIN ST MOHAWK, NY 13407			30,888.				FUNDED PARTNER

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.**

Employer identification number

15-0532074

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.**

Employer identification number
15-0532074

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

AUDIT COMMITTEE REVIEWS THE UNITED WAY'S 990 WITH MANAGEMENT PRIOR TO FILING AND
RELEASING IT TO THE PUBLIC.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY, ALL STAFF, BOARD MEMBERS AND VOLUNTEERS ARE REQUIRED TO DISCLOSE ANY
CONFLICT OF INTEREST BY SIGNING "CODE OF ETHICS" QUESTIONNAIRES. THE AUDIT COMMITTEE
CHAIR THEN REVIEWS THE QUESTIONNAIRES FOR CONFLICTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

OUR COMPENSATION PHILOSOPHY STATEMENT STATES THAT THE POLICY OF THE UNITED WAY OF
THE VALLEY & GREATER UTICA AREA IS TO PROVIDE COMPENSATION THAT IS FAIR, REASONABLE
AND CONSISTENT WITH COMPENSATION PAID IN THE NON-PROFIT SECTOR FOR POSITIONS OF
COMPARABLE WORTH, COMPLEXITY AND RESPONSIBILITY. THE EXECUTIVE COMMITTEE OF THE
BOARD OF DIRECTORS SHALL DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR USING
THE FOLLOWING PROCESS:

- 1) ANNUAL BENCHMARKING
- 2) SALARY RANGES - THREE BROADBAND LEVELS
 - A) DIRECTOR LEVEL
 - B) PROFESSIONAL/SUPPORT LEVEL
 - C) ADMINISTRATIVE
- 3) PERFORMANCE REVIEWS

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE UNITED WAY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE UNITED WAY OFFICES. IN
ADDITION, THE FINANCIAL STATEMENTS AS FILED WITH THE CHARITIES BUREAU ARE AVAILABLE
ON THAT AGENCY'S WEB SITE AND THE UNITED WAY'S WEBSITE.

Name of the organization UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

Employer identification number
15-0532074