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# Form **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

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

Open to Public Inspection

Form **990** (2009)

ΑI	or the	e 2009 calendar year, or tax year beginning APR 1, 2009 and ending	MAR 31, 2010	
В	Check If Ipplicabl	le Please use IRS C Name of organization	D Employer identific	cation number
	Addre	ess label or TINITHED WAY OF MEDDINACK COINING		
	chang Name chang	type	02-6	006033
	]Initial return		ite E Telephone number	1
	Termii	Specific 46 SOUTH MAIN STREET	(603	<u>) 224-2595</u>
	Amen- return	ded tions City or town, state or country, and ZIP + 4	G Gross receipts \$	1,967,232.
	Application	CONCORD, NA 03301	H(a) Is this a group re	
	pendii	F Name and address of principal officer MARTHA VAN OOT	for affiliates?	Yes X No
		P.O. BOX 3550, CONCORD, NH 03302	H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		list (see instructions)
		te: ► WWW.UNITEDWYMC.ORG	H(c) Group exemptio	
			ear of formation: 1927  N	State of legal domicile: NH
P	art I	Summary		D 7163 GT
e	1	Briefly describe the organization's mission or most significant activities: THE UNITE		
ā	1	COUNTY ARE CITIZEN VOLUNTEERS AND HUMAN SERV		
Governance	I -	Check this box  If the organization discontinued its operations or disposed of m	<b>!</b>	20
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)	3	20
ಳ ೮	į.	Total number of employees (Part V, line 2a)	5	22
itie	1	Total number of volunteers (estimate if necessary)	6	1201
Activities &		Total gross unrelated business revenue from Part VIII, column限品值以ED	7a	0.
ď	ь	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7b	0.
	1		Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	1,846,409.	1,830,947.
Revenue	9	Program service revenue (Part VIII, line 2g)		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) OGDEN, UT	12,481.	17,312.
4	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,923.	105,738.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,990,813.	1,953,997.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,020,336.	1,016,209.
	i .	Benefits paid to or for members (Part IX, column (A), line 4)		
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	292,115.	330,744.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
X	D D	Total fundraising expenses (Part IX, column (D), line 25) 173, 263.	564,728.	604,976.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,877,179.	1,951,929.
	18 19	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12	113,634.	2,068.
	13	Heveride less expenses. Subtract line 10 from line 12	Beginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)	2,018,912.	2,136,842.
SSE	21	Total liabilities (Part X, line 26)	1,429,878.	1,519,058.
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20 .	589,034.	617,784.
P	art II	Signature Block	-	
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	nts, and to the best of my knowled	ge and belief, it is true, correct,
		V N	-9-	
Sig	n	Myasha var Cov		
He	'e	Signature of officer	Date	
		Type or print name and title	-6-10	
_		I Date	Check If Prepar	er's identifying number
Pai	d	Preparer's signature	self- (see in	structions)
Pre	parer's		employed ► ☐ PO	0 10 00 0 1
Use	Only	yours if self-employed). 70 COMMERCIAL STREET, SUITE 401	EIN P	· · · · · · · · · · · · · · · · · · ·
		ZIP+4 CONCORD, NH 03301	Phone no > 5	03-224-5357
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

SCANNED AUG 3 1 2010

Form 990 (2009) UNITED WAY O
Part IV Checklist of Required Schedules

			Yes	No_
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u>X</u> _	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2	_X_	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u> </u>
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	5	_	
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	6		_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	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		<u>X</u>
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	10		<u> X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable	11	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			0
	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 statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	,	٠,	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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	14b	-	<u>X</u>
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	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		7.5
	located outside the United States? If "Yes," complete Schedule F, Part III	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	40		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
15	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<b>-</b>	X
			990 (	2009)

Form 990 (2009) UNITED WAY OF MERRIMACK COUNTY

Part IV Checklist of Required Schedules (continued)

21 [	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		_	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26 \	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? If "Yes," complete Schedule L, Part II	26		х
27 [	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
c	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
5	Schedule L, Part III	27		Х
28 \	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
ı	instructions for applicable filing thresholds, conditions, and exceptions)			
a A	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b /	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c A	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
a	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 [	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30 [	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
(	contributions? If "Yes," complete Schedule M	_30		X
31 [	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34_		X
	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del> -	X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1.		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1		
	Note, All Form 990 filers are required to complete Schedule O.	38	l X I	

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# Form 990 (2009) UNITED WAY OF MERRIMACK COUNTY Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  22 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
ο-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			3.7
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
44	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)?	4-		X
h	If "Yes," enter the name of the foreign country	<u>4a</u>		
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and			
	Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	- 00		
_	Tax Shelter Transaction?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		-	
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	i	1	
	benefit contract?	7e		<u>X</u>
Ť		7f		<u>X</u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ь 8	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
•	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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
_b_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	,		
		C	OOA /	0000

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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.

Sec	tion A. Governing Body and Management							
		,		-		Yes	No	
1a	Enter the number of voting members of the governing body	<u>1a</u>		20		,		
b	Enter the number of voting members that are independent	1b	<u></u>	20				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other					
	officer, director, trustee, or key employee?			L	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision	1				
	of officers, directors or trustees, or key employees to a management company or other person?			L	3		X	
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm <mark>9</mark> 9	0 was filed?		4	X		
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?		[	5		X	
6	Does the organization have members or stockholders?				6	X		
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the	Γ				
	governing body?		-		7a	X		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other pe	rsons			7b		X	
8								
	by the following:		·	1				
а	The governing body?				8a	X		
b	Each committee with authority to act on behalf of the governing body?			[	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)					
						Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		_	. [	10a		X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?			.	10b			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filing th	e form?	. [	11	Х		
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			.	12a	X		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld giv	e rise					
	to conflicts?			L	12b	Х		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe					
	in Schedule O how this is done			. L	12c	X		
13	Does the organization have a written whistleblower policy?				13	X		
14	Does the organization have a written document retention and destruction policy?				14	Х		
15	Did the process for determining compensation of the following persons include a review and approve	al by 11	ndependent		^			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		1		<i>à</i> .		
а	The organization's CEO, Executive Director, or top management official			L	15a	X		
b	Other officers or key employees of the organization			. [	15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a					
	taxable entity during the year?			L	16a		_X_	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva-	aluate	ts participation		, ',			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization	ganızat	on's		ì			
	exempt status with respect to such arrangements?		·· · · · · · · · · · · · · · · · · ·		16b			
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶NH							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (501	c)(3)s only) ava	ılable f	or			
	public inspection Indicate how you make these available. Check all that apply.							
	X Own website							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	conflic	of interest poli	cy, an	d fına	ncıal		
	statements available to the public.							
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the org	anızatı	on: 🕨			
	ELIZABETH S. HAGER - 603-224-2595				_			
	46 SOUTH MAIN STREET, CONCORD, NH 03301							

# 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 employee."

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

- 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.

		/				,	••••	,		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	alf	that	app	ly)	compensation	compensation	amount of
	per week	Ę			1			from the	from related	other
	week	or dire				E E		organization	organizations (W-2/1099-MISC)	compensation from the
		stee (	Taste .			SE		(W-2/1099-MISC)	(***2/1033-141130)	organization
		lal fr	ala		Peg Pe	S 8		(,		and related
		ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
ARTHUR LETENDRE				-		1	-			
TREASURER	1.00	x		x				0.	0.	0.
TORI BERUBE					T -	1				
DIRECTOR	1.00	x						l o.	0.	0.
ROBERT CAREY										
DIRECTOR	1.00	x						0.	o.	0.
DIANE COVELL										
SECRETARY	1.00	x		Х	l			0.	0.	0.
ANNE DIEFENDORF								-		
DIRECTOR	1.00	X						0.	0.	0.
CECIL HAWKINS									-	
DIRECTOR	1.00	X					ļ	0.	0.	0.
LORI MANOR UNDERWOOD										
DIRECTOR	1.00	X				<u> </u>		0.	0.	0.
RICK MCPARTLIN							1			
DIRECTOR	1.00	X	<u> </u>		<u> </u>		<u> </u>	0.	0.	0.
NANNU NOBIS						1	İ			
DIRECTOR	1.00	X	Ļ.				<u> </u>	0.	0.	0.
JAMES SCAMMON										
DIRECTOR	1.00	X			_			0.	0.	0.
DR. MARK SCHEFFER				l			-			
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0.	0_•	0.
ANNE WILKINSON		1								
DIRECTOR	1.00	X	<u> </u>	<u> </u>	-	<del> </del> _	_	0.	0.	0.
RONALD REED	1	·								_
VICE PRESIDENT	1.00	X	┝	X	ļ	<b>-</b>	<u> </u>	0.	0.	0.
JEFFERY SAVAGE										
DIRECTOR	4.00	X	<u> </u>	<b>├</b> ─	├	┼-	1	0.	0.	0.
GARY SHIRK	1 20	l								
DIRECTOR	1.00	X	<del> </del> —	<b>├</b> —	╀-	$\vdash$	<del> </del>	0.	0.	0.
NANCY TEWKSBURY	1 22			1	1				_	
DIRECTOR	1.00	X	<del> </del>	├	1	┼	$\vdash$	0.	0.	0.
MARTHA VAN OOT PRESIDENT	4 00	x		x						
PRESIDENT	4.00	<u>I X</u>	I	X	<u> </u>	<u> </u>	<u>l</u>	0.	0.	0.

932007 02-04-10

Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A)	(B)							(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Es	tımate	ed
	hours	(c	heck	all	that	app	ly)	compensation	compensation			ount (	of
	per	ફ						from	from related	- 1		other	
	week	ig.	_			eq	ì	the	organizations			oensa	
		stee o	nstee			en sa	İ	organization (W-2/1099-MISC)	(W-2/1099-MIS	· <sup>()</sup>		om the anizati	
		al trus	la tr		loyee	COMP Se	Ī	(** 27 1033 141100)				i refat	
		Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former					nızatı	
JAMES BASSETT		-	<u>=</u>   <u>-</u>	"	_	Ξ.65	_			-		<del>-</del> -	
CAMPAIGN CHAIR	1.00	x						0.		0.			0.
PEGGY JIPSON	1.00	1					<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del>"</del>			<u> </u>
DIRECTOR	1.00	Y						0.		0.			0.
MAYOR KEN MERRIFIELD	1.00	1					<del> </del>			٠.			<u> </u>
DIRECTOR	1.00	v						0.		0.			0.
ELIZABETH HAGER	1.00	A	<u> </u>						<del>-</del>	<u> </u>			0.
EXECUTIVE DIRECTOR	37.50			X				73,919.		0.		2 2	4 A
CINDY READ	37.30		$\vdash$	^	-		<del>                                     </del>	13,313.		<u> </u>		3,2	40.
FINANCE DIRECTOR	20.00			x				34 461		0.	,	2,5	2.4
FINANCE DIRECTOR	20.00	╁	-	^	-	-		34,461.		<u> </u>		<u>4,5</u>	<u> </u>
	<del>                                     </del>		<del> </del>			-	<del> </del>						
		$\vdash$	├─	_	-		<u> </u>			$\longrightarrow$			
		-		-	┢			-		$\dashv$			
	-	├	├			-	<u> </u>		<del></del>				
									•				
1b Total	l	<b></b>	<u>.                                    </u>	<u> </u>			1	108,380.		0.	1	5,7	64
2 Total number of individuals (including but r	ot limited to the	nose	liste	ed al	bovi	e) wl	ho r		000 in reportable			<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>
compensation from the organization				J G G.		٠, ٠			,,ooo iii reportabit	•			0
												Yes	No
3 Did the organization list any former officer,	director or tru	istee	, ke	y em	olqr	yee,	or h	highest compensated er	nployee on		<i>i</i> , <i>i</i> ,		
line 1a? If "Yes," complete Schedule J for s	uch individual					-					3		X
4 For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization	`` [	*		
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or			•						ices rendered to	Ī			
the organization? If "Yes," complete Sched					. 1					İ	5		X
Section B. Independent Contractors										-			
Complete this table for your five highest continuous the organization.     NONE	mpensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom	
(A)							I	(D)					
Name and business	address							( <b>B)</b> Description of s	ervices	С	(C omper		1
			-				$\dashv$						·
												· .	
							-						
			_										
											<u>-</u>		
					-								
O. Tatal appropriate	tradical 1 1						$\perp$						
Total number of independent contractors (     \$100,000 in compensation from the organi		not li	mite	d to		se li O	stec	d above) who received п	nore than		٠,		
	<u> </u>												

Form **990** (2009)

#### 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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			,	
	organizations in the U.S. See Part IV, line 21	1,016,209.	1,016,209.	`	<u>,                                    </u>
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				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	118,388.	40,967.	55,770.	21,651.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		_		
7	Other salanes and wages	171,341.	28,135.	56,313.	86,893.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,222.	752.	1,433.	2,037.
9	Other employee benefits	12,807.	2,970.	4,923.	4,914.
10	Payroll taxes .	23,986.	5,694.	9,261.	9,031.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	10,031.		10,031.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17			,	
f	Investment management fees				
g	Other	701.		701.	
12	Advertising and promotion				
13	Office expenses .	15,875.	3,769.	6,129.	5,977.
14	Information technology				
15	Royalties				
16	Occupancy .	20,725.	4,920.	8,002.	7,803.
17	Travel	214.			214.
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,531.	601.	977.	953.
20	Interest		·		
21	Payments to affiliates	18,154.		18,154.	
22	Depreciation, depletion, and amortization	19,485.	4,626.	7,523.	7,336.
23	Insurance	7,453.	1,769.	2,878.	2,806.
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.)			, , , , , , , , , , , , , , , , , , ,	
а	DRUG FREE GRANT EXPENSE	426,054.	426,054.		
b	COMMUNITY NEEDS ASSMNT	30,000.	30,000.		
С	211 CONTRIBUTIONS EXP.	20,361.	20,361.		
d	PRINTING & CAMPAIGN EXP	19,027.			19,027.
е	POSTAGE	3,904.	927.	1,507.	1,470.
f	All other expenses	10,461.	2,032.	5,278.	3,151.
25	Total functional expenses. Add lines 1 through 24f	1,951,929.	1,589,786.	188,880.	173,263.
26	Joint costs. Check here   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				

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1,322. 604.570. 1 Cash - non-interest-bearing 707,551. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 993,862. 931,991. 3 3 Accounts receivable, net 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 I 6 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 5,539. 4,991. 9 10a Land, buildings, and equipment cost or other 516,487. basis Complete Part VI of Schedule D 10a 317,048. 208,638. b Less: accumulated depreciation 10b 199,439. 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 206,303. 291,548. 15 15 2,018,912. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 2,136,842. 57,290. 40,627. 17 Accounts payable and accrued expenses 17 1,341,135. 1,368,563. 18 Grants payable 18 48,116. 19 Deferred revenue 56,024. 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 37,181. 25 Other liabilities. Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 1,429,878. 26 1,519,058. Organizations that follow SFAS 117, check here 

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -426,570. -347,180.27 Unrestricted net assets 27 964,964. Temporarily restricted net assets 1,015,604. 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 589,034 33 <u>617,784.</u> Total liabilities and net assets/fund balances 2,018,912 34 2,136,842.

Form **990** (2009)

		2-6006033	Pag	ge <b>12</b>
Pai	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au	ıdıt,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedu	ie O		
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued or	ı a		
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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 OMP Circular A 1332	ا ۔ ما		v

**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

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

2009

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

vame or	une organizati							[-		dentificatio		Эľ
		UNITED	WAY OF MERRI	<u>MACK</u>	COUNT	<u>Y</u>			02	<u>2-60060</u>	033	
Part I	Reason	or Public Char	ity Status (All organiz	ations mu	st complet	e this part	t) See inst	ructions				
The organ		•	oecause it is: (For lines 1	-		-	-					
1 🖳			s, or association of churc		nbed in se	ction 170	(b)(1)(A)(i)					
2			<b>0(b)(1)(A)(ii).</b> (Attach Sc									
3 🖳			tal service organization o									
4 📖			perated in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	i). Enter ti	he hospital's	s name,	
	city, and state											
5			benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describe	ed in		
	•	(b)(1)(A)(iv). (Comple	·			. 4700 V						
6 <del>   </del>		· -	ent or governmental unit									
7 LX			eives a substantial part	ot its supp	ort from a	governme	ental unit o	r from the	general p	oublic descri	bed in	
		b)(1)(A)(vi). (Comple		<b>(</b> 0. 1.1	5							
<b>8</b> ⊨			ection 170(b)(1)(A)(vi).						-			
9 📖	_		eives: (1) more than 33 1		= =				•	•	-	
			nctions - subject to certa		=					_		nt
			axable income (less sect	iion 511 ta	x) trom bu	sinesses a	acquirea b	y the orga	inization a	atter June 30	), 1975.	
40		509(a)(2). (Complete					5004 14	••				
10	•	•	perated exclusively to te	•	•		1 - 71					
11	•	•	perated exclusively for the				•		•	• •		
			itions described in section				2). See <b>se</b> c	etion 509(	a)(3). One	eck the box t	nat	
	a Type I		organization and comple Type II		e III - Func		tograted		d .	Type III - O	thor	
е 🗀			t the organization is not			-	_	r moro dio				
•	-	•	han one or more publicly		-	•	•		•			
f			ten determination from t						5(a)(1) U1 S	Section 509(	a)(Z).	
•	-	ganization, check th			шизату	pe i, Type	ii, oi Type	7 ISI			Г	$\neg$
g		-	rganization accepted ar	av aift or co	ontribution	from any	of the follo	OWIDA DAN	sone2		. L	_
9			rectly controls, either al			=				Γ	Yes No	
			upported organization?	one or tog	oution with	poroono	iosonbea i	iii (ii) ai la (	iii) belevv,	11g(i)	103 140	<u>_</u>
	_		described in (i) above?		•					11g(ii)		
		· · · · · · · · · · · · · · · · · · ·	person described in (i) of		a?		•	•	•	11g(iii)		
h			about the supported or				• •	•	•	right		_
••				g	(0).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) ls	the	(vii) Amo	ount of	_
	anization	(11) 2.111	organization	r ,	sted in your	organizat	ion in col.	organizati (i) organiz	on in col. i	Supp		
ŭ			(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ	1			
							<del> </del> -					
							<u> </u>					
									1		<del></del>	
		`	,				,	,				_
Total				1			L	<u> </u>				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

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 (a) 2005 (b) 2006 Calendar year (or fiscal year beginning in) (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1739041. 1783134. 1846409. 1830947. include any "unusual grants") 8973259. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1773728. 1739041. 1783134. 1846409. 4 Total, Add lines 1 through 3 1830947. 8973259. 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) 8973259. 6 Public support. Subtract line 5 from line Section B. Total Support (a) 2005 (c) 2007 Calendar year (or fiscal year beginning in) (b) 2006 (d) 2008 (e) 2009 (f) Total 1773728. 1739041. 1783134. 1846409. 1830947. 8973259. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 68,367. 48,629. 47,360. 25,831. 28,845. 219,032. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 108,248. 119,182. 149,052 129.895 107,439 613.816 assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 9806107 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 91.51 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 91.63 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\mathbf{x}$ 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

Schedule A (Form 990 or 990-EZ) 2009

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 O	rganizations	Described in	Section 509(a	)(2) (Complete only	rif you checked the bo	x on line 9 of Part I.
Section A. Public Support				T	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and					1	
membership fees received. (Do not						
include any "unusual grants.")		-				
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that		<u> </u>			]	
are not an unrelated trade or bus-						
iness under section 513	<del></del>			<del> </del>	<del> </del>	
4 Tax revenues levied for the organ-				1	}	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				ŀ	1	
the organization without charge					ļ	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that				1	1	
exceed the greater of \$5,000 or 1% of the					+	
amount on line 13 for the year						
c Add lines 7a and 7b		ļ <u> </u>				
8 Public support (Subtract line 7c from line 6)			<u> </u>	<u> </u>		·
Section B. Total Support			· -···	· · · ·		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		-			<del> </del>	
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties					}	
and income from similar sources						<u>.</u>
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					1	
regularly carned on		_		ļ		
12 Other income. Do not include gain or loss from the sale of capital			<u> </u>			
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>			
14 First five years. If the Form 990 is for	the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	ation,
check this box and stop here		· · · · · · · · · · · · · · · · · · ·	·.•	·		<u></u>
Section C. Computation of Publi					T T "	· -
15 Public support percentage for 2009 (li	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	%
16 Public support percentage from 2008			•		16	%
Section D. Computation of Inves			<del></del>		<u> </u>	
17 Investment income percentage for 20			ne 13, column (f))		17	<del>%</del>
18 Investment income percentage from 2			-		18	%
19a 33 1/3% support tests - 2009. If the	•				•	7 is not
more than 33 1/3%, check this box ar	=		•	· · · · · · ·		▶∟
b 33 1/3% support tests - 2008. If the	-					and
line 18 is not more than 33 1/3%, che						▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ir	nstructions	▶□
				So	hedule A (Form 99	0 or 990-EZ) 2009

# Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

INITED WAY OF MERRIMACK COUNTY

Employer identification number 02-6006033

_	t   Organizations Maintaining Donor Advised	Funds or Other Similar Fund	de or Accounts Complete if the
Par	<u> </u>		as of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		(h) Funds and other accounts
	<u> </u>	(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 wi	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's ex		L Yes L No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	se conferring
	ımpermissible private benefit?	<u></u>	Yes No
Par	t II Conservation Easements. Complete if the orga	inization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an I	historically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af		2d
3	Number of conservation easements modified, transferred, rele		the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		of
	violations, and enforcement of the conservation easements it		· Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements	s dunng the year >
7	Amount of expenses incurred in monitoring, inspecting, and el		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pà	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	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, ed		
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r		lance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or		
	these items:	•	
			<b>&gt;</b> \$
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical trea		icial gain, provide
_	the following amounts required to be reported under SFAS 11		
а	D		<b>&gt;</b> \$
b		•	► \$ ► \$
U	/ South introduction of the control	• •	· ·

Part III   Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sched	lule D (Form 990) 2009 UNITED 1	WAY OF MER	RIMAC	K COU	NTY			<u>00603</u>		
Check all that apply :	Par	III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, or	Othe	r Similar Ass	ets (con	tınue	d)
a Public exhibition d Lain or exchange programs   Cannot be Scholarly research   Cannot be Canno	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the f	following that	are a sig	gnificant use of its	s collectio	n itei	ms
Scholarly research   Cher   Preservation for future generations		(check all that apply):									
Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV.  During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to rase funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow 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, line 21.  1b   If "Yes, explain the arrangement in Part XIV and complete the following table:  C Beginning balance  1	а	Public exhibition	d	Lo	oan or excl	nange progr <mark>a</mark> n	ns				
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'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 air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Part IV   Excrow 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, line 21.  1b If 'Yes,' explain the arrangement in Part XIV and complete the following table:  C Beginning blance  c Beginning blance  d Additions during the year  1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t		Scholarly research	е		ther			<del></del>	_	_	
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, histonical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIV and complete the following table:  1 Explain the arrangement in Part XIV and complete the following table:  2 Beginning balance  3 Additions during the year  4 Distributions during the year  5 Ending balance  4 Distributions during the year  5 Ending balance  5 Distributions during the year  6 Distributions during the year  7 Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  8 Beginning of year balance  9 Contributions  10 Net investment earnings, gains, and losses  11 Gend of year balance  12 Other expenditures for facilities and programs  13 Administrative expenses  14 End of year balance  15 Corrections (ii) related organizations  16 If 'Yes' to Sa(0), are the related organizations is endowment funds not in the possession of the organization that are held and administered for the organization by:  16 If 'Yes' to Sa(0), are the related organizations is endowment funds  16 Corrections (iii) related organizations  17 Yes' to Sa(0), are the related organizations is endowment funds  17 Part VI. Investments — Land, Buildings, and Equipment. See Form 990, Part X, line 10.  18 Description of investment  19 Description of investment  19 Description of investment  20 Cost or other (b) Cost or other (c) Accumulated depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation		Preservation for future generations									
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?		Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatioi	n's exer	npt purpose in Pa	art XIV.		
Lobe sold to raise funds rather than to be maintained as part of the organization's collection?											
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?    Interval   Int									Yes		No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							to Forn	n 990, Part IV, lin	e 9, or		
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?  b tif e Tending balance 2 Did the organization include an amount on Form 990, Part X, line 21?  b if "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions 1b Reginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment		reported an amount on Form 990, Par	t X, line 21.								
on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21?  b tif e Tending balance 2 Did the organization include an amount on Form 990, Part X, line 21?  b if "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes," to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions 1b Reginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontribution	s or other ass	ets not	ıncluded			
b If "Yes," explain the arrangement in Part XIV and complete the following table:  c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIV  Part V Indowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  [a] Current year [b] Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance b Permanent endowment								L	Yes	L	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, tine 21? b If "Yes," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four			and complete the fo	llowing ta	ıble <sup>.</sup>						
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  2b If Yes, explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    y6 c Term endowment    y6 b Permanent endowment    y6 c Term endowment    y6 c Term endowment    y7 s No 3a(i)   related organizations (ii) related organizations listed as required on Schedule R?  4 Describe in Part XIV the intended uses of the organization's endowment funds b Buildings									Amou	nt	
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21?  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.  1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    % b Permanent endowment    % c Term endowment    % c Term endowment    % d Are there endowment    % d Are there endowment t   % d Investment earnings, gains, and losses g End of year balance  1 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment    % b Permanent endowment    % c Term endowment    % d Term endowment    % d Term endowment    % d Term endowment    % d Term endowment    % d Term endowment    % d Term endowment    % D Permanent endowment    % d Term endowment	С	Beginning balance				-		1c			
Describe in Part XIV   Investment funds not in the possession of the organization shall as required on Schedule R?   Describe in Part XIV   Investment funds not in the possession of the organization that are held and administered for the organization shall be suit for passio funds for other basis (investment)   Describe in Part XIV   Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.    1	d	Additions during the year						1d			
Describe in Part XIV line 21?  2a Did the organization include an amount on Form 990, Part X, line 21?  2b If 'Yes,' explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Distributions during the year						1e			
bit "ves," explain the arrangement in Part XIV  Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    A Beginning of year balance   (a) Current year   (b) Pnor year   (c) Two years back   (d) Three years back   (e) Four years back	f	Ending balance				-		1f			
Part V   Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.    Call Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes	L	i No
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back	b										
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	Par	t V Endowment Funds. Complete	f the organization ar	swered "	Yes" to Fo	rm 990, Part I					<u>.</u>
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment			(a) Current year	(b) Pri	or year	(c) Two years	back		k (e) Fo	ur yea	rs back
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as a Board designated or quasi-endowment ▶	1a	Beginning of year balance									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	b	•						*	<del> </del>		
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment	C	Net investment earnings, gains, and losses				ļ , ,		······································			<del></del>
and programs  f Administrative expenses g End of year balance  Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	d	Grants or scholarships				,			-	<del>`</del>	<del></del>
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶	е	Other expenditures for facilities				1		`			
g End of year balance  2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶		and programs		<del>                                     </del>		,			<del>.  </del>		<del></del>
Provide the estimated percentage of the year end balance held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses						<del></del>			
Board designated or quasi-endowment	g	•		l	<del></del>	l					
b Permanent endowment	2		r end balance held								
Term endowment ▶	а	· ·		%							
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 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  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  1a Land b Buildings 436,072. 263,230. 172,842. c Leasehold improvements d Equipment 58,718. 49,437. 9,281. e Other	b		<del></del>								
by:											
(i) unrelated organizations (ii) related organizations 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  Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10  Description of investment  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  1a Land b Buildings  436,072. 263,230. 172,842. c Leasehold improvements d Equipment 58,718. 49,437. 9,281. e Other	<b>3</b> a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are neid a	and administer	ea for t	ne organization		Va	a Na
(ii) related organizations 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  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 b Buildings  436,072. 263,230. 172,842. c Leasehold improvements d Equipment 58,718. 49,437. 9,281. e Other		-							20/		5 140
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  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  1a Land  b Buildings 436,072 263,230 172,842 c  c Leasehold improvements 21,697 4,381 17,316 d  Equipment 58,718 49,437 9,281 c			•		• • •	•	-	•	• •	$\overline{}$	<del> </del>
4 Describe in Part XIV the intended uses of the organization's endowment funds  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  1a Land  b Buildings 436,072 263,230 172,842  c Leasehold improvements 21,697 4,381 17,316  d Equipment 58,718 49,437 9,281  e Other		• • • • • • • • • • • • • • • • • • • •			D0						
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  1a Land b Buildings 436,072. 263,230. 172,842. c Leasehold improvements 21,697. 4,381. 17,316. d Equipment 58,718. 49,437. 9,281.	þ					-		•		_l	
Description of investment	4 Par					) Part X line 1	10				
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other  basis (investment) basis (other) depreciation  436,072. 263,230. 172,842.  21,697. 4,381. 17,316.  49,437. 9,281.	Fa	<del></del>						ccumulated	(d) Bo	ook va	alue
1a Land         b Buildings       436,072. 263,230. 172,842.         c Leasehold improvements       21,697. 4,381. 17,316.         d Equipment       58,718. 49,437. 9,281.         e Other		Description of investment	1 7 7		• •	I .		i i	(u) D		
b Buildings c Leasehold improvements d Equipment e Other  436,072. 263,230. 172,842. 21,697. 4,381. 17,316. 58,718. 49,437. 9,281.		Lond	2200 (111700)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
c Leasehold improvements d Equipment Other  21,697. 4,381. 17,316. 49,437. 9,281.		•			Δ:	36 072	`		1	72.	842.
d Equipment 58,718. 49,437. 9,281.	Œ	•								_	
e Other	ى س	•									
						,,					<del></del>
			egual Form 990. Par	t X. colum	nn (B). line	10(c) )		▶	1	99.	439.

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.

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

37,181.

	dule D (Form 990) 2009 UNITED WAY OF MERRIMACK COU					<u>6006033</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Finan	cial Sta	tement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,953	<u>,997.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,951	,929.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			,068.
4	Net unrealized gains (losses) on investments			4			,155.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net) Add lines 4 through 8			9			<u>,155.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		ru. D.	10	D . 1		<u>,223.</u>
Par	t XII   Reconciliation of Revenue per Audited Financial Statemer	nts w	ith Reve	nue per			
1	Total revenue, gains, and other support per audited financial statements				1	2,036	<u>,896.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.					
a	Net unrealized gains on investments	2a	1 5	55,155	-		
b	Donated services and use of facilities	2b	1	<u>4,509</u>	-		
C	Recovenes of pnor year grants	2c					
đ	Other (Describe in Part XIV)	_2d			$\dashv$ $\Box$	60	CCA
e	Add lines 2a through 2d		•		. 2e	1,967	<u>,664.</u>
3	Subtract line 2e from line 1	•		•	. 3	1,907	, 434.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	44	1		1.3		
a	Investment expenses not included on Form 990, Part VIII, line 7b  Other (Describe in Part XIV.)	4a 4b	_1	.3,235	-		
D	Add lines 4a and 4b	40	<u> </u>	,	4c	_13	,235.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	1,953	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	Vith Expe	enses pe			<u>, , , , , , , , , , , , , , , , , , , </u>
1	Total expenses and losses per audited financial statements				1	1,979	.673.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			•	-		
а	Donated services and use of facilities	2a	1	4,509	•		
b	Prior year adjustments .	2b			_		
С	Other losses	2c					
ď	Other (Describe in Part XIV.)	2d	1	13,235			
е	Add lines 2a through 2d				2e		,744.
3	Subtract line 2e from line 1				3	1,951	<u>,929.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				`		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_ ′		
b	Other (Describe in Part XIV.)	4b	<u> </u>		_ `		
С	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	• • • •	<u>.                                    </u>		5	1,951	<u>,929.</u>
	t XIV Supplemental Information	<del> </del>		. 0.4.1		<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III						4; Part
X, lin	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp	ilete thi	s part to pro	ovide any a	additiona	il information.	
	-						
וגם	RT XII, LINE 4B - OTHER ADJUSTMENTS:						
FAI	VI KII, DINE 4D - OINER ADOUGHEMIS.						
REI	NTAL EXPENSES: -13235.						
1711	TIM DAT DRODD. 13233.		<del></del>	•	<del>-</del>		
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:			_	_		
RE	NTAL EXPENSES: 13235.						
			·-				

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

Name of the organization

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

2009

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization UNITED WAY OF MERRIMACK	Y OF MERI	RIMACK COUNTY	λi				Employer identification number $0.2-60.06033$	dentification number 02-6006033
Part I General Information on Grants and Assistance	and Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec		
	istance?			,			X Yes	<b>≗</b>
ပ္တ	ocedures for mon	ntoring the use of grant	funds in the Unite	d 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 received more than \$5,000. Check this how if no one received more than \$5,000. Its Part IV and Schedule 1-1 (Form 990) if additional snace is needed	Governments an	id Organizations in the	e United States. C	complete if the org	anization answered "\ art IV and Schedule I-	res" to Form 990, Part 1 (Form 990) if addition	IV, line 21, for any	
1 (a) Name and address of organization or government or go	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant
све вичаснер сснерптв		501 (0)(3)	1 016 209	0				
			,			1 1 1 1 1		
ł	and government o	rganizations					<b>A</b>	
_	SI		:	:			•	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	iction Act Notice	, see the Instructions	for Form 990.				Schedule I (Form 990) 2009	n 990) 2009

#### **SCHEDULE O** (Form 990)

# **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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF MERRIMACK COUNTY

Employer identification number 02-6006033

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PARTNERSHIP WITH ITS MEMBER AGENCIES TO IMPROVE THE QUALITY OF LIFE FOR
ALL PEOPLE IN MERRIMACK COUNTY.
THE UNITED WAY OF MERRIMACK COUNTY BUILDS FOR THE FUTURE BY INVESTING
IN THE HUMAN CAPITAL OF THE COMMUNITY.
THIS IS DONE BY ASSEMBLING FINANCIAL AND HUMAN RESOURCES CONTRIBUTED BY
THE COMMUNITY, AND FOCUSING THEM ON INDIVIDUALS AND FAMILIES AT
VULNERABLE TIMES IN THEIR LIVES THROUGH THE EFFORTS THE UWMC SUPPORT.
THE UWMC MAINTAINS THE CONFIDENCE OF THE COMMUNITY BY DOING THIS WITH
EFFICIENCY, INTEGRITY, AND ACCOUNTABILITY.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IN THE HUMAN CAPITAL OF THE COMMUNITY.
THIS IS DONE BY ASSEMBLING FINANCIAL AND HUMAN RESOURCES CONTRIBUTED BY
THE COMMUNITY, AND FOCUSING THEM ON INDIVIDUALS AND FAMILIES AT
VULNERABLE TIMES IN THEIR LIVES THROUGH THE EFFORTS THE UWMC SUPPORT.
THE UWMC MAINTAINS THE CONFIDENCE OF THE COMMUNITY BY DOING THIS WITH
EFFICIENCY, INTEGRITY, AND ACCOUNTABILITY.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
YOUTH AND YOUNG ADULTS ACROSS THE COUNTRY.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
GRANTS TO FOUR AGENCIES FOR SPECIAL PROJECTS.
EXPENSES \$ 12800. INCLUDING GRANTS OF \$ 12800. REVENUE \$ 0.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  Schedule O (Form 990) 2009  Schedule O (Form 990) 2009  102-03-10

#### SCHEDULE O (Form 990)

# **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.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF MERRIMACK COUNTY

Employer identification number 02-6006033

FORM 990, PART VI, SECTION A, LINE 4: DURING THE YEAR ENDED MARCH 31,

2010, UNITED WAY OF MERRIMACK COUNTY CHANGED TO A COMMUNITY IMPACT MODEL

THUS FUNDING PROGRAMS RATHER THAN FUNDING AGENCIES. DUE TO THIS CHANGE,

THE UNITED WAY'S BYLAWS WERE AMENDED DURING JUNE 2009. THE BYLAWS WERE

AMENDED TO INCLUDE AND DESCRIBE TWO NEW STANDING COMMITTEES: CAMPAIGN

CABINET AND A COMMUNITY IMPACT COMMITTEE. THE ELIGIBILITY REQUIREMENTS FOR

COMMUNITY PARTNERS WERE ALSO UPDATED IN THE BYLAWS.

FORM 990, PART VI, SECTION A, LINE 6: THE UNITED WAY OF MERRIMACK

COUNTY'S BYLAWS STATE THE FOLLOWING: "EVERY PERSON, FIRM, TRUST,

ASSOCIATION AND CORPORATION THAT MAKES A CONTRIBUTION TO OR FOR THE USE OF

THE UNITED WAY OF MERRIMACK COUNTY SHALL UPON MAKING SUCH CONTRIBUTION

BECOME A MEMBER OF THIS CORPORATION AND REMAIN A MEMBER UNTIL THE STARTING

DATE OF THE NEXT ANNUAL FUNDRAISING CAMPAIGN OF THE UNITED WAY OF MERRIMACK

COUNTY. THE MEMBERS OF THIS CORPORATION SHALL MEET ANNUALLY AT SUCH PLACE

WITHIN MERRIMACK COUNTY, NEW HAMPSHIRE AND AT SUCH TIME AS THE BOARD OF

GOVERNORS SHALL DESIGNATE FOR THE PURPOSE OF ELECTING GOVERNORS,

CONSIDERING REPORTS AND TRANSACTING SUCH OTHER BUSINESS AS THE BOARD OF

GOVERNORS OR THE PRESIDENT SHALL DESIGNATE OR AS MAY OTHERWISE PROPERLY

COME BEFORE THE MEETING."

FORM 990, PART VI, SECTION A, LINE 7A: AS NOTED ABOVE, MEMBERS OF THE UNITED WAY OF MERRIMACK COUNTY MAY ELECT MEMBERS OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS REVIEWED BY THE

#### **SCHEDULE 0**

# **Supplemental Information to Form 990**

(Form 990)

Department of the Treasury

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2009
Open to Public Inspection

Name of the organization

UNITED WAY OF MERRIMACK COUNTY

Employer identification number 02-6006033

FINANCE COMMITTEE IN DETAIL PRIOR TO FILING. QUESTIONS WERE ADDRESSED TO

THE PREPARER AND RESOLVED TIMELY. A FINAL DRAFT VERSION OF THE RETURN WAS

PROVIDED TO THE FULL BOARD OF GOVERNORS PRIOR TO FILING. THE AUDIT WAS

PRESENTED BY THE AUDITING FIRM, NATHAN WECHSLER & CO., TO THE FULL BOARD OF

GOVERNORS AT THE BOARD'S REGULARLY SCHEDULED BOARD MEETING ON JUNE 9, 2010.

THIS IS AN ANNUAL PRESENTATION AT UNITED WAY OF MERRIMACK COUNTY.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF GOVERNORS

AND STAFF ANNUALLY SIGN THE CODE OF ETHICS AND CONFLICT OF INTEREST

POLICIES. THE ETHICS CODE STATES "STAFF, BOARD MEMBERS AND VOLUNTEERS ARE

OBLIGATED TO DISCLOSE ANY VIOLATIONS OR PERCEIVED BREACHES OF THE CODE OF

ETHICS OF WHICH THEY ARE AWARE. DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE

DIRECTOR AND TO THE BOARD PRESIDENT. ANY REPORTED BREACHES WILL BE

INVESTIGATED AND APPROPRIATE ACTION, IF NEEDED, WILL BE TAKEN. UWMC

ENCOURAGES ALL STAFF AND VOLUNTEERS TO BE PROMPT, OPEN AND FORTHRIGHT IN

REPORTING PERCEIVED BREACHES OF THE CODE OF ETHICS."

THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT HAVE INFORMED THE BOARD THAT NO BREACHES HAVE BEEN REPORTED.

FORM 990, PART VI, SECTION B, LINE 15: THE PERSONNEL COMMITTEE OF THE
BOARD OF GOVERNORS MEETS TO REVIEW THE STAFF SALARIES, INCLUDING THAT OF
THE EXECUTIVE DIRECTOR. THE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA
FROM NH AND FROM UNITED WAYS NATION-WIDE. THE COMMITTEE RECOMMENDS ANY
CHANGES NECESSARY TO THE COMPENSATION SCHEDULE. THE BOARD OF GOVERNORS THEN

ACTS ON ANY ADJUSTMENTS.

#### **SCHEDULE 0**

(Form 990)

# **Supplemental Information to Form 990**

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Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF MERRIMACK COUNTY

Employer identification number 02-6006033

THE FINANCE COMMITTEE OF THE BOARD OF GOVERNORS ANNUALLY REVIEWS THE STAFF
SALARIES AND BENEFITS AND REPORTS TO THE BOARD IF ANY CHANGES ARE
NECESSARY. THE BOARD ADOPTS THE SALARIES AND BENEFITS AS PART OF THE ANNUAL
BUDGET.
THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS REVIEWS THE PERFORMANCE
OF THE EXECUTIVE DIRECTOR AND ADOPTS ANY SALARY ADJUSTMENTS NEEDED.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 2C
UNITED WAY OF MERRIMACK COUNTY'S FINANCE COMMITTEE IS RESPONSIBLE FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. THE ENTIRE BOARD
OF GOVERNORS VOTE TO ACCEPT THE ANNUAL AUDIT. THE FINANCE COMMITTEE
ALSO RECOMMENDS THE INDEPENDENT AUDITOR. THE FULL BOARD OF GOVERNORS
ALSO VOTES TO ACCEPT THE INDEPENDENT AUDITOR. THERE WERE NO CHANGES IN
THIS PROCESS FROM THE PRIOR YEAR.
FORM 990, SCHEDULE D, PART V - ENDOWMENT FUNDS
DURING THE CURRENT YEAR, THE UNITED WAY'S BENEFICIAL INTEREST IN FUNDS
HELD AT THE NEW HAMPSHIRE CHARITABLE FOUNDATION HAVE BEEN PROPERLY
EXCLUDED FROM THE ENDOWMENT FUND RECONCILIATION.

# OPEN TO PUBLIC INSPECTION EIN - 02-6006033

CREDOLE 1 FORM 990 (2009)	YEAR END MARCH 31, 2010
FORM	YEAR

	Fixed	ADDREC	SIS	PHRPOSE OF GRANT ASSISTANCE
AGENCY	GIGNI	AUDRESS	157	
AMERICAN RED CROSS	45,000	2 MAITLAND STREET, CONCORD, NH 03301	53-0196605	GENERAL SUPPORT
BLUEBERRY EXPRESS DAYCARE	28,000	8 CATAMOUNT STREET, PITTSFIELD, NH 03263	02-0364132	GENERAL SUPPORT
C.A.T.C.HAFFORDABLE RENTAL APARTMENTS	2,000	79 SOUTH STATE STREET, CONCORD, NH 03301	02-0433505	GENERAL SUPPORT
CA.T.CH -HOME BUYER & FINANCIAL SUCCESS	2,000	79 SOUTH STATE STREET, CONCORD, NH 03301	02-0433505	GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NH-ADOLESCENT SUBSTANCE ABUSE	15,000	103 NORTH STATE STREET, CONCORD, NH 03301	02-0222164	GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NH-CAMP SPAULDING	39,195	103 NORTH STATE STREET, CONCORD, NH 03301	02-0222164	GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NH-FAMILY COUNSELING	20,000	103 NORTH STATE STREET, CONCORD, NH 03301	02-0222164	GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NH-GROUP HOME	8,000	103 NORTH STATE STREET, CONCORD, NH 03301	02-0222164	GENERAL SUPPORT
CHILD & FAMILY SERVICES OF NH-PARENT PLUS & CONCORD CONNECTIONS	15,000	103 NORTH STATE STREET, CONCOND, INT USSUI	7250200	CENERAL SUPPORT
COMMUNITY ACTION PROGRAM-FAMILY PLANNING	5,000	FO BOX 1016, CONCORD, INT 03302-1018	02-02/03/0	GENERAL SUPPORT
COMMUNITY ACTION PROGRAM-HEADSTAKT	17,000	P.O. BOX 1016, CONCORD, 1411 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ACTION PROGRAM-MEALS ON WHEELS	7.500	P.O. BOX 1016, CONCORD, NH 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ACTION PROCRAM-RONAL INCINITY OF THE ACTION PROCRAM-SENIOR CENTERS	5,000	P.O. BOX 1016, CONCORD, NH 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ACTION PROGRAM-SENIOR COMPANION	9000	P O BOX 1016, CONCORD, NH 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ACTION PROGRAM-THE FIX-IT PROGRAM	11,000	P O BOX 1016, CONCORD, NH 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ACTION PROGRAM-WIC PROGRAM	5,000	P O BOX 1016, CONCORD, NH 03302-1016	02-0270376	GENERAL SUPPORT
COMMUNITY ALLIANCE OF HUMAN SERVICES	1,000	P O BOX 188, NEWPORT, NH 03773	,	JUVENILE DIVERSION PROJECT IN NEW LONDON AREA
COMMUNITY BRIDGES-EARLY SUPPORTS & SERVICES	13,000	2 WHITNEY ROAD, CONCORD, NH 03301	02-0368594	GENERAL SUPPORT
COMMUNITY BRIDGES-PARNTERS IN HEALTH	8,000	2 WHITNEY ROAD, CONCORD, NH 03301	02-0368394	GENERAL SUPPORT
CONCORD BOYS & GIRLS CLUB	17,000	FO BOX 1204, CONCOND, INTI 03302-1204	02-023/87	CENERAL SUPPORT
CONCORD FAMILY YMCA-CHILD DEVELOPMENT	35,000	15 NOKTH STATE STREET, CONCORD, INT 03301	02-0223338	CENERAL SUPPORT
CONCORD FAMILY YMCA-IN-SHAPE PROGRAM	8,000	16 NOKID STATE STREET, CONCORD, MI 93301	05-22-22	CENERAL SUPPORT
CONCORD FAMILY YMCA-KYDSTOP SUMMER CAMP	10,000	17 NONTH STATE STREET, CONCORD, WILLIAMS	02-0222122	GENERAL SUPPORT
CONCORD REGIONAL VNA-HOSPICE	0,000	250 FLEASON'S STREET, CONCOND, MILESON.	02-0222122	GENERAL SUPPORT
CONCORD REGIONAL VNA-SENIOR HEALTH CLINICS	0003	23 CAPITOL STREET CONCORD NH 03301		SECOND CHANCE ACT PRISONER REENTRY INITIATIVE
DEPARTMENT OF JUSTICE-SECOND CHANCE ACT	000,01	CREEN STREET COMMINITY CENTER, CONCORD, NH 03301	23-7416090	GENERAL SUPPORT
GIRLS, INC.	25,000	841 CENTRAL STREET, FRANKLIN, NH 03235	02-0492976	GENERAL SUPPORT
HEALTH FIRST FAMILT CARE CENTER	10,000	PO BOX 2209, NEW LONDON, NH 03257-2209	02-0438863	GENERAL SUPPORT
MAXHEN PROCESAM	7,500	P O BOX 120, BRISTOL, NH 03222-0120	23-7423042	GENERAL SUPPORT
MERRIMACK VALLEY DAY CARE	90,000	19 NORTH FRUIT STREET, CONCORD, NH 03301	02-6019236	GENERAL SUPPORT
NH LEGAL ASSISTANCE	44,000	117 NORTH STATE STREET, CONCORD, NH 03301	02-0300897	GENERAL SUPPORT
NH PRO BONO REFERRAL SYSTEM	12,000	2 PILLSBURY STREET, SUITE 300, CONCORD, NH 03301	02-0336884	GENERAL SUPPORT
PENACOOK COMMUNITY CENTER	26,500	76 COMMUNITY DRIVE, PENACOOK, NH 03303	02-6012761	GENERAL SUPPORT
PHOENIX HOUSE	12,500	14 HOLY CROSS ROAD, FRANKLIN, NH 03235	05-0315625	GENERAL SUPPORT
PITTSHELD YOUTH WORKSHOP	25,000	S PARK SIREEL, PLISHIELD, INH 03263  P.O. ROX 1344 CONCORD NH 03302-1344	02-0414050	GENERAL SUPPORT
RAPE & DOMESTIC VIOLENCE	55,000	P.O. BOX 2032, CONCORD, NH 03302-2032	02-0264383	GENERAL SUPPORT
SECOND START	25,000	17 KNICHT STREET, CONCORD, NH 03301	02-0302477	GENERAL SUPPORT
SECOND START	1,800	17 KNIGHT STREET, CONCORD, NH 03301	02-0302477	TO RUN A SECOND ESOL STUDENT BUS
THE CHILDREN'S PLACE AND PARENT EDUCATION CTR	20,000	P O BOX 576, CONCORD, NH 03302-0576	02-0338647	GENERAL SUPPORT
THE DAY RESOURCE CENTER	2,000	26 SOUTH MAIN STREET, CONCORD, NH 03301		CONCVE TO A TEAN ROUND PROGRAM
THE FRIENDS PROGRAM-EMERGENCY HOUSING	68,000	249 PLEASANT STREET, CONCORD, NH 03301	02-0326855	GENERAL SUPPORT
THE FRIENDS PROGRAM-FOSTER GRANDPARENTS	19,250	249 PLEASANT STREET, CONCORD, NH 03301	02-0326855	GENERAL SUPPORT
THE FRIENDS PROGRAM-JUNIOR/SENIOR PROGRAM	55,000	249 PLEASANT STREET, CONCORD, NH 03301	02-0326855	CENERAL SUFFORT
THE FRIENDS PROCRAM-R.S.V P	3,500	249 PLEASANI SIKEEJ, CONCORD, NH 03391 119 CENTR AI STREET ER ANKIIN NH 03235-1136	20-5118396	GENERAL SUPPORT
TINY TWISTERS	16.550	75 CHESTNIT STREET, FRANKLIN NH 03235	02-0228247	GENERAL SUPPORT
WHITE BIRCH COMMINITY CENTER FARTY CHILD HOOD	10.055	51 HALL AVENUE HENNIKER NH 03242	02-0325474	GENERAL SIPPORT
WHITE BIRCH COMMUNITY CENTER-SENIOR ADULT PROGRAM	000'6	51 HALL AVENUE, HENNIKER, NH 03242	02-0325474	GENERAL SUPPORT
TEMPORARILY UNALLOCATED	23,545			
RETURNED GRANTS - CLOSED PROGRAMS	(5,186)			
TOTALALLOCATIONS	1,016,209			