



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under 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.

A For the 2010 calendar year, or tax year beginning, 2010, and ending

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

CHENANGO UNITED WAY, INC.
27 WEST MAIN STREET
NORWICH, NY 13815

D Employer Identification Number

16-0998159

E Telephone number

(607) 334-8815

G Gross receipts \$ 635,970.

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

I Tax-exempt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.CHENANGOUW.ORG

H(c) Group exemption number

K Form of organization X Corporation Trust Association Other

L Year of Formation 1995

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CHENANGO UNITED WAY BUILDS PARTNERSHIPS AND MAXIMIZES RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR LOCAL RESIDENTS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box, 3 Number of voting members, 4 Number of independent voting members, 5 Total number of individuals employed, 6 Total number of volunteers, 7a Total unrelated business revenue, 7b Net unrelated business taxable income.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue, 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets, 21 Total liabilities, 22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer (Elizabeth Monaco), Date (4-14-11), Type or print name and title (Executive Director)

Paid Preparer Use Only: Print/Type preparer's name (ANTHONY T MANZANERO), Preparer's signature (Anthony T Manzanero), Date (4/12/11), Firm's name (GRUVER, ZWEIFEL & SCOTT, LLP), Firm's address (4 ASSOCIATE DR ONEONTA, NY 13820), Firm's EIN (N/A), Phone no ((607) 432-8700)

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

TO BE FILED

SCANNED MAY 3 2011

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

X

1 Briefly describe the organization's mission:

CHENANGO UNITED WAY BUILDS PARTNERSHIPS AND MAXIMIZES RESOURCES TO IMPROVE THE QUALITY OF LIFE FOR LOCAL RESIDENTS.

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 X

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 X

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 \$ 395,927. including grants of \$) (Revenue \$)

EXEMPT PURPOSE ACHIEVED BY PROVIDING ELIGIBLE ORGANIZATIONS WITH FUNDS COLLECTED VIA ANNUAL FUND RAISING CAMPAIGN.

4b (Code:) (Expenses \$ 10,000. including grants of \$) (Revenue \$)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 3,731. including grants of \$) (Revenue \$)

CHENANGO COUNTY HUNGER INITIATIVE- THROUGH A PARTNERSHIP WITH FRONTIER COMMUNICATIONS AND THE CHENANGO UNITED WAY, FUNDS WERE ALLOCATED TO MORE THAN 13 CHENANGO COUNTY FOOD PANTRIES AND SOUP KITCHENS IN 2010 TO HELP PURCHASE, PREPARE AND DISTRIBUTE FOOD TO NEEDY FAMILIES THROUGHOUT CHENANGO COUNTY.

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ 409,658.

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
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 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c 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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, 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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, 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)?		X
	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1 c			
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 a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
2 b			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 a			
b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
3 b			
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 a			
b	If 'Yes,' enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4 b			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 b			
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
5 c			
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 a			
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
6 b			
7	Organizations that may receive deductible contributions under section 170(c).		
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 a			
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 c			
d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7 g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
7 h			
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?		X
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
9 a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
9 b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10 a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10 b			
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
11 b			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 a			
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
12 b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13 b			
c	Enter the amount of reserves on hand		
13 c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 a			
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		
14 b			

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O; 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13.; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c 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; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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 SEE SCHEDULE O; b Other officers of key employees of the organization SEE SCHEDULE O; If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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. Disclosure

- 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.
[X] Own website [X] Another's website [X] 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:
CHENANGO UNITED WAY, INC. 27 WEST MAIN STREET NORWICH NY 13815 (607) 334-8815

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JAMES CURRIE DIRECTOR	1	X					0.	0.	0.	
(2) SAMANTHA HOLBROOK BOARD CHAIR	1	X		X			0.	0.	0.	
(3) NAN GIZOWSKI DIRECTOR	1	X					0.	0.	0.	
(4) BARB TOMPKINS DIRECTOR	1	X					0.	0.	0.	
(5) LISA COLABELLI CAMPAIGN CO-CHA	1	X		X			0.	0.	0.	
(6) ANNE DREXLER COMM IMP CHAIR	1	X		X			0.	0.	0.	
(7) MARK CONANT TREASURER	1	X		X			0.	0.	0.	
(8) CHARLES MCMULLEN DIRECTOR	1	X					0.	0.	0.	
(9) KELLY COLLINS-COLOSI DIRECTOR	1	X					0.	0.	0.	
(10) BRIAN LOPATA DIRECTOR	1	X					0.	0.	0.	
(11) KAREN SASTRI BOARD VICE CHAI	1	X		X			0.	0.	0.	
(12) DEB BARKER CAMPAIGN CO-CHA	1	X		X			0.	0.	0.	
(13) BRUCE BEADLE DIRECTOR	1	X					0.	0.	0.	
(14) JOHN STAFFORD DIRECTOR	1	X					0.	0.	0.	
(15) GERALD ROYS DIRECTOR	1	X					0.	0.	0.	
(16) ROWENA KRUM DIRECTOR	1	X					0.	0.	0.	
(17) TRACY CHAWGO DIRECTOR	1	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 (describe hours for related organizations in Sch O)	(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			
(18) REBECCA HARGRAVE DIRECTOR	1	X						0.	0.	0.
(19) LORI OLSEN DIRECTOR	1	X						0.	0.	0.
(20) PATRICIA OUTHOUSE DIRECTOR	1	X						0.	0.	0.
(21) GREGORY FULLER DIRECTOR	1	X						0.	0.	0.
(22) TODD DREYER DIRECTOR	1	X						0.	0.	0.
(23) ELIZABETH MONACO EXECUTIVE DIREC	40			X				48,927.	0.	0.
(24)										
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total								48,927.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								48,927.	0.	0.

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 ▶ 0

	Yes	No
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	3	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.	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

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 VII 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					
	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	413,583.				
	g Noncash contributions included in lns 1a-1f: \$		12,642.				
h Total. Add lines 1a-1f. ▶		413,583.					
PROGRAM SERVICE REVENUE	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f. ▶							
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts) ▶		29,487.			29,487.	
	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				
		173,941.					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			5,663.	5,663.		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
		18,959.					
b Less: direct expenses b							
c Net income or (loss) from fundraising events ▶			4,409.				
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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d. ▶							
12 Total revenue. See instructions ▶			453,142.	10,072.	0.	29,487.	

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	365,821.	365,821.		
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	48,927.	16,146.	16,635.	16,146.
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	26,037.	8,842.	8,353.	8,842.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	10,110.	3,370.	3,370.	3,370.
10 Payroll taxes	6,015.	2,005.	2,005.	2,005.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,275.		5,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	833.		833.	
12 Advertising and promotion	1,671.	557.	557.	557.
13 Office expenses	2,432.	243.	1,946.	243.
14 Information technology				
15 Royalties				
16 Occupancy	2,142.	321.	536.	1,285.
17 Travel	1,383.	207.	346.	830.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,227.	409.	409.	409.
20 Interest				
21 Payments to affiliates	5,373.	5,373.		
22 Depreciation, depletion, and amortization	624.	208.	208.	208.
23 Insurance	2,080.	208.	1,872.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a RENT	7,020.	1,053.	1,755.	4,212.
b CAMPAIGNS	5,703.	484.	412.	4,807.
c BANK CHARGES AND TRUSTEE FEES	5,037.	1,679.	1,679.	1,679.
d TELEPHONE	2,912.	1,019.	728.	1,165.
e COPIER LEASE	2,322.	774.	774.	774.
f All other expenses	2,817.	939.	939.	939.
25 Total functional expenses. Add lines 1 through 24f	505,761.	409,658.	48,632.	47,471.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year	
ASSETS	1	Cash — non-interest-bearing	908.	1	
	2	Savings and temporary cash investments	176,803.	2	112,999.
	3	Pledges and grants receivable, net	295,505.	3	319,222.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	20,662.	
	b	Less: accumulated depreciation	10b	17,980.	
	11	Investments — publicly traded securities	983,744.	11	1,054,876.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	91,168.	15	98,320.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,548,500.	16	1,588,099.	
LIABILITIES	17	Accounts payable and accrued expenses	2,535.	17	2,313.
	18	Grants payable		18	
	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	8,363.	25	9,478.
	26	Total liabilities. Add lines 17 through 25	10,898.	26	11,791.
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	1,178,671.	27	1,193,594.
	28	Temporarily restricted net assets	276,181.	28	293,850.
	29	Permanently restricted net assets	82,750.	29	88,864.
	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, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances.	1,537,602.	33	1,576,308.	
34	Total liabilities and net assets/fund balances.	1,548,500.	34	1,588,099.	

BAA

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	453,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	505,761.
3	Revenue less expenses. Subtract line 2 from line 1	3	-52,619.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,537,602.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	91,325.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,576,308.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 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?
- 2b Were the organization's financial statements audited by an independent accountant?
- 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 2d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated 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?
- 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public
Inspector

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHENANGO UNITED WAY, INC.

Employer identification number

16-0998159

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include unusual grants.)	443,781.	480,618.	699,464.	626,825.	423,061.	2,673,749.
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 by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	443,781.	480,618.	699,464.	626,825.	423,061.	2,673,749.
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						2,673,749.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	443,781.	480,618.	699,464.	626,825.	423,061.	2,673,749.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,604.	20,876.	22,394.	21,800.	35,150.	120,824.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV.	14,090.	15,969.	18,405.	9,774.	4,409.	62,647.
11 Total support. Add lines 7 through 10						2,857,220.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.6%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.0%
16a 33-1/3% support test – 2010. 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	<input checked="" type="checkbox"/>	
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

CHENANGO UNITED WAY, INC.

16-0998159

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2010	2009	2008	2007	2006
SPECIAL EVENTS INCOME	4,409.	9,774.	18,405.	-377.	14,090.
SALE OF ASSETS				16,346.	
TOTAL	<u>\$ 4,409.</u>	<u>\$ 9,774.</u>	<u>\$ 18,405.</u>	<u>\$ 15,969.</u>	<u>\$ 14,090.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2010

Open to Public Inspection

CHENANGO UNITED WAY, INC.

Employer identification number 16-0998159

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes/No, 6 Did the organization inform all grantees... Yes/No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historically important land area, certified historic structure), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes/No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes/No, 9 In Part XIV, describe how the organization reports 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.

Table with 2 columns: Amounts. Rows include: 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. >\$, (ii) Assets included in Form 990, Part X. >\$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 >\$, b Assets included in Form 990, Part X >\$

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1 c
d Additions during the year	1 d
e Distributions during the year	1 e
f Ending balance	1 f

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 the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,044,519.	618,952.	568,992.		
b Contributions	-29,869.	273,719.	200,000.		
c Net investment earnings, gains, and losses	119,625.	183,280.	-120,385.		
d Grants or scholarships					
e Other expenditures for facilities and programs	50,726.	3,581.	1,205.		
f Administrative expenses	4,294.	27,851.	28,450.		
g End of year balance	1,079,255.	1,044,519.	618,952.		

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

- a Board designated or quasi-endowment 100.00 %
- 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:

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?		X

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

Part VI 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				
c Leasehold improvements				
d Equipment				
e Other	20,662.		17,980.	2,682.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,682.

BAA

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST	208.
(2) DIRECTED PLEDGES RECEIVABLE	9,248.
(3) PERPETUAL TRUST	88,864.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ... ▶	98,320.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DIRECTED CONTRIBUTIONS PAYABLE	9,478.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ... ▶	9,478.

2. FIN 48 (ASC 740) 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 (ASC 740). **SEE PART XIV**

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)		453,142.
2	Total expenses (Form 990, Part IX, column (A), line 25)		505,761.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-52,619.
4	Net unrealized gains (losses) on investments		85,211.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV) SEE PART XIV		6,114.
9	Total adjustments (net). Add lines 4 through 8		91,325.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		38,706.

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

1	Total revenue, gains, and other support per audited financial statements		1	546,752.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	85,211.	
b	Donated services and use of facilities	2b	2,285.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV) SEE PART XIV	2d	6,114.	
e	Add lines 2a through 2d		2e	93,610.
3	Subtract line 2e from line 1		3	453,142.
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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	453,142.

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

1	Total expenses and losses per audited financial statements		1	508,046.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	2,285.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	2,285.
3	Subtract line 2e from line 1		3	505,761.
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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	505,761.

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 BOARD OF THE UNITED WAY HAS INVESTED UNRESTRICTED FUNDS WITH THE INTENDED PURPOSE OF CREATING AN ENDOWMENT THAT WOULD PROVIDE ENOUGH EARNINGS TO COMPLETELY COVER THE ADMINISTRATIVE OVERHEAD COST OF THE OPERATING BUDGET. INVASION OF THE PRINCIPLE OF THIS FUND WOULD ONLY BE ALLOWED BY A THREE QUARTERS VOTE OF THE BOARD, AND ONLY IN THE EVENT OF A SIGNIFICANT FINANCIAL SHORTFALL IN THE ANNUAL CAMPAIGN, UNDER THE CURRENT BOARD POLICY.

Part XIV Supplemental Information (continued)

PART X - FIN 48 FOOTNOTE

THE UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE UNITED WAY REVIEWS THE COMPONENTS OF REVENUES, GAINS, AND OTHER SUPPORT AND ANALYZES WHETHER THE POSITION THAT THE UNITED WAY TAKES WITH REGARD TO A PARTICULAR ITEM OF INCOME WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER GAAP.

THE UNITED WAY FILES INCOME TAX RETURNS IN THE U.S. FEDERAL AND NEW YORK STATE JURISDICTION. THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY TAXING AUTHORITIES ARE GENERALLY THE PREVIOUS THREE YEARS.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4

CHENANGO UNITED WAY, INC.

16-0998159

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

GAIN ON PERPETUAL TRUST	\$	6,114.
TOTAL	\$	<u>6,114.</u>

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

GAIN (LOSS) ON PERPETUAL TRUST	\$	6,114.
TOTAL	\$	<u>6,114.</u>

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	GOLF TOURNAMEN (event type)	(event type)	(total number)	(add column (a) through column (c))	
1 Gross receipts	11,175.			11,175.	
2 Less: Charitable contributions					
3 Gross income (line 1 minus line 2)	11,175.			11,175.	
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	5,842.			5,842.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				5,842.
11 Net income summary. Combine line 3, column (d), and line 10				5,333.	

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

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
				(add column (a) through column (c))
1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Combine lines 1, column (d) and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain: _____

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHENANGO UNITED WAY, INC.

Part II General Information on Grants and Assistance

Employer identification number

16-0998159

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

OMB No 1545-0047

2010

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



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 III 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BIG BROTHER/BIG SISTER 20 EAST MAIN ST. NORWICH, NY 13815			18,237.	0.			
(2) CATHOLIC CHARITIES 3 O'HARA DRIVE NORWICH, NY 13815			21,942.	0.			
(3) CHENANGO COUNTY CATHOLI 3 O'HARA DRIVE NORWICH, NY 13815			21,276.	0.			
(4) CHILDREN'S CENTER C/O C. 3 O'HARA DRIVE NORWICH, NY 13815			24,316.	0.			
(5) LEGAL AID SOCIETY OF MI 189 MAIN STREET ONEONTA, NY 13820			22,336.	0.			
(6) MOTHERS & BABIES PERINA 457 STATE STREET BINGHAMTON, NY 13901			24,316.	0.			
(7) NORWICH FAMILY YMCA 68-70 NORTH BROAD ST. NORWICH, NY 13815			10,205.	0.			
(8) OFC - HEAD START 44 WEST MAIN ST NORWICH, NY 13815			25,755.	0.			

2 Enter total number of section 501(c)(3) and government organizations 18

3 Enter total number of other organizations 0

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

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

Continuation Sheet for Schedule I (Form 990)

2010

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

Continuation Page 1 of 1

Name of the organization		Employer identification number					
CHENANGO UNITED WAY, INC.		16-0998159					
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OFC - HOUSING COUNCIL 44 WEST MAIN STREET NORWICH, NY 13815			25,755.				
OFC - LITERACY VOLUNTEERS 44 W. MAIN ST. NORWICH, NY 13815			9,658.				
OFC - SPECIAL FRIENDS PRO 44 W. MAIN ST. NORWICH, NY 13815			25,817.				
OXFORD YOUTH CENTER PO BOX 805 OXFORD, NY 13830			8,273.				
PLANNED PARENTHOOD 37 DIETZ STREET ONEONTA, NY 13820			25,817.				
RSVP 44 W. MAIN ST NORWICH, NY 13815			24,328.				
THE PLACE - HYCC 20 EAST MAIN STREET NORWICH, NY 13815			17,097.				
THE PLACE - KIDS PROGA 20 EAST MAIN STREET NORWICH, NY 13815			19,021.				
THE PLACE - SERVICE LEARN 20 E. MAIN STREET NORWICH, NY 13815			21,200.				
THE PLACE - TEEN DEVELOPM 20 E. MAIN STREET NORWICH, NY 13815			17,510.				

TEEA4001L 01/25/11

Schedule I Cont (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

CHENANGO UNITED WAY, INC.

Employer identification number

16-0998159

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

YOUTH PHILANTHROPY COUNCIL PROJECT- IN THE SPRING OF 2010, THE NORWICH HIGH SCHOOL YOUTH PHILANTHROPY COUNCIL (YPC), A COLLABORATIVE EFFORT OF THE CHENANGO UNITED WAY, THE COMMUNITY FOUNDATION FOR SOUTH CENTRAL NEW YORK, THE UPSTATE INSTITUTE AT COLGATE UNIVERSITY AND THE NORWICH HIGH SCHOOL, GRANTED ITS SECOND ROUND OF FUNDING TO LOCAL ORGANIZATIONS. THE YPC WAS COMPRISED OF 12 JUNIOR AND SENIOR LEVEL HIGH SCHOOL STUDENTS WHO MET ON A BI-WEEKLY BASIS TO LEARN ABOUT THE CHENANGO COMMUNITY. MENTORED BY COLGATE UNIVERSITY STUDENTS, THESE HIGH SCHOOL STUDENTS SPENT THEIR YEAR WRITING AN RFP (REQUEST FOR PROPOSAL) THROUGH WHICH THEY SOLICITED GRANT PROPOSALS FROM LOCAL HEALTH AND HUMAN SERVICE AGENCIES SEEKING TO BREAK THE CYCLE OF POVERTY IN CHENANGO COUNTY BY PROVIDING EDUCATION TO LOW INCOME FAMILIES. IN MAY 2010, THE STUDENTS AWARDED FUNDS TO THREE PROGRAMS ADDRESSING THESE ISSUES OF FAMILY SELF SUFFICIENCY.

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

EACH YEAR, THE CPO AND THE BOARD TREASURER WILL REVIEW THE FORM 990 FOR ACCURACY AND COMPLETION. THE AUDIT AND FORM 990 WILL BE REVIEWED WITH THE FINANCE/AUDIT COMMITTEE BEFORE SUBMISSION. THE FINAL AUDIT WILL ALSO BE PRESENTED TO THE BOARD OF DIRECTORS IN JUNE OF EACH YEAR.

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

BOARD MEMBERS, STAFF AND VOLUNTEERS PLEDGE TO ACCEPT THIS CODE AS A MINIMUM GUIDELINE FOR ETHICAL CONDUCT AND STEWARDSHIP AND SHALL PROVIDE WRITTEN VERIFICATION THAT THEY WILL COMPLY WITH THIS POLICY ON AN ANNUAL BASIS:

DEFINITIONS. A CONFLICT OF INTEREST EXISTS WHEN A MATTER TO BE ACTED UPON BY THE BOARD OF DIRECTORS OR AN ACTING SUBCOMMITTEE OF THE BOARD CONFERS A DIRECT, SUBSTANTIAL BENEFIT TO ANY DIRECTOR, BUSINESS OR AGENCY FROM WHICH THE DIRECTOR OF

Name of the organization

CHENANGO UNITED WAY, INC.

Employer identification number

16-0998159

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

THE BOARD DERIVES AN INCOME OR HAS AUTHORITY IN GOVERNANCE.

ABSTENTION. A DIRECTOR SHALL ABSTAIN FROM VOTING ON ANY MATTER BEFORE THE BOARD, WHICH PLACES HIM OR HER IN A CONFLICT OF INTEREST, PARTICULARLY IN REGARDS TO MATTERS INVOLVING MEMBER AGENCIES.

PROCEDURES. PRIOR TO VOTING ON MATTERS IN WHICH A POTENTIAL CONFLICT OF INTEREST EXISTS FOR ANY DIRECTOR, THE BOARD CHAIR SHALL INQUIRE WHETHER ANY DIRECTOR OF THE BOARD DESIRES TO ABSTAIN FROM VOTING BECAUSE OF A CONFLICT OF INTEREST, AND ANY DIRECTOR OF THE BOARD SHALL DECLARE THAT HE OR SHE ABSTAINS FROM VOTING DUE TO A CONFLICT OF INTEREST. PRIOR TO VOTING ON ANY MATTER, A DIRECTOR OF THE BOARD MAY BE REQUESTED BY ANOTHER DIRECTOR OF THE BOARD TO ABSTAIN FROM VOTING DUE TO A CONFLICT OF INTEREST. IF THE CHALLENGED DIRECTOR REFUSES TO ABSTAIN FROM VOTING AS REQUESTED, THE BOARD CHAIR SHALL IMMEDIATELY CALL FOR A VOTE OF THE DIRECTORS TO DETERMINE WHETHER THE CHALLENGED DIRECTOR IS IN CONFLICT OF INTEREST AND SHALL BE REQUIRED TO ABSTAIN FROM VOTING ON THE MATTER BEFORE THE BOARD. IF A TWO-THIRDS (2/3) MAJORITY OF THE DIRECTORS PRESENT VOTES TO REQUIRE ABSTENTION OF THE CHALLENGED DIRECTOR, THE DIRECTOR SHALL NOT BE PERMITTED TO VOTE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

LED BY THE BOARD CHAIR, THE CHENANGO UNITED WAY EXECUTIVE COMMITTEE WILL CONDUCT AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IN NOVEMBER OF EACH YEAR. THE PERFORMANCE REVIEW SHALL INCLUDE REVIEW OF THE FOLLOWING ITEMS:

- PERFORMANCE OF OBJECTIVES, INCLUDING SIGNIFICANT ACCOMPLISHMENTS, CHALLENGES AND OPPORTUNITIES

- METHODS USED TO ACHIEVE RESULTS, INCLUDING JOB PERFORMANCE, ABILITY TO COMMUNICATE AND INTERACT, LEADERSHIP ABILITY

Name of the organization

Employer identification number

CHENANGO UNITED WAY, INC.

16-0998159

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

A FORMAL PERFORMANCE REVIEW SHALL BE PRESENTED TO THE EXECUTIVE DIRECTOR AND REVIEWED BY THE BOARD CHAIR BEFORE THE END OF THE CALENDAR YEAR. FEEDBACK AND DISCUSSION FROM THIS REVIEW WILL BE USED TO IDENTIFY WORK PLAN GOALS FOR THE NEXT CALENDAR YEAR.

EVERY THREE YEARS, THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE SHALL HAVE THE OPPORTUNITY TO NEGOTIATE A THREE-YEAR EMPLOYMENT CONTRACT, AS RECOMMENDED BY THE UNITED WAY OF NYS AND THE UNITED WAY OF AMERICA. THIS EMPLOYMENT CONTRACT SHALL IDENTIFY THE TERMS OF EMPLOYMENT, COMPENSATION PACKAGE, BUSINESS EXPENSE REIMBURSEMENT, CONTRACT CANCELLATIONS, CONFIDENTIALITY AND NON-COMPETE CLAUSES, INDEMNIFICATION AND SUCCESSOR CLAUSES.

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

LED BY THE BOARD CHAIR, THE CHENANGO UNITED WAY EXECUTIVE COMMITTEE WILL CONDUCT AN ANNUAL PERFORMANCE REVIEW OF THE EXECUTIVE DIRECTOR IN NOVEMBER OF EACH YEAR. THE PERFORMANCE REVIEW SHALL INCLUDE REVIEW OF THE FOLLOWING ITEMS:

- PERFORMANCE OF OBJECTIVES, INCLUDING SIGNIFICANT ACCOMPLISHMENTS, CHALLENGES AND OPPORTUNITIES
- METHODS USED TO ACHIEVE RESULTS, INCLUDING JOB PERFORMANCE, ABILITY TO COMMUNICATE AND INTERACT, LEADERSHIP ABILITY

A FORMAL PERFORMANCE REVIEW SHALL BE PRESENTED TO THE EXECUTIVE DIRECTOR AND REVIEWED BY THE BOARD CHAIR BEFORE THE END OF THE CALENDAR YEAR. FEEDBACK AND DISCUSSION FROM THIS REVIEW WILL BE USED TO IDENTIFY WORK PLAN GOALS FOR THE NEXT CALENDAR YEAR.

Name of the organization

Employer identification number

CHENANGO UNITED WAY, INC.

16-0998159

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

EVERY THREE YEARS, THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE SHALL HAVE THE OPPORTUNITY TO NEGOTIATE A THREE-YEAR EMPLOYMENT CONTRACT, AS RECOMMENDED BY THE UNITED WAY OF NYS AND THE UNITED WAY OF AMERICA. THIS EMPLOYMENT CONTRACT SHALL IDENTIFY THE TERMS OF EMPLOYMENT, COMPENSATION PACKAGE, BUSINESS EXPENSE REIMBURSEMENT, CONTRACT CANCELLATIONS, CONFIDENTIALITY AND NON-COMPETE CLAUSES, INDEMNIFICATION AND SUCCESSOR CLAUSES.

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

COPIES OF THE ANNUAL FINANCIAL STATEMENTS, AUDIT AND FORM 990 WILL BE MADE AVAILABLE TO THE COMMUNITY BY REQUEST. THE CUW ANNUAL REPORT WILL BE MADE AVAILABLE ON THE ORGANIZATION'S WEB SITE EACH YEAR. ALSO, COPIES MAY BE FOUND ON THE CHARITIES BUREAU WEB SITE.

CHENANGO UNITED WAY, INC.

16-0998159

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

GAIN ON PERPETUAL TRUST	\$	6,114.
NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS		<u>85,211.</u>
TOTAL	\$	<u>91,325.</u>

CHENANGO UNITED WAY, INC.

16-0998159

FORM 990, PART IX, LINE 24F
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
COMPUTER EXPENSE	1,275.	425.	425.	425.
DUES, SUBSCRIPTIONS, FEES	111.	37.	37.	37.
OTHER EXPENSES				
POSTAGE AND SHIPPING	642.	214.	214.	214.
REPAIRS & MAINTANCE	789.	263.	263.	263.
TOTAL	\$ 2,817.	\$ 939.	\$ 939.	\$ 939.

SCHEDULE D, PART V
ENDOWMENT FUNDS

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	1,044,519.	618,952.	568,992.	0.	0.
CONTRIBUTIONS	-29,869.	273,719.	200,000.		
INVESTMENT EARNINGS (LOSSES)	119,625.	183,280.	-120,385.		
GRANTS OR SCHOLARSHIPS					
EXPEND. FOR FACILITIES & PROGS	50,726.	3,581.	1,205.		
ADMINISTRATIVE EXPENSES	4,294.	27,851.	28,450.		
END OF YEAR BALANCE	1,079,255.	1,044,519.	618,952.	0.	0.