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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)

OMB No 1545-0047

2011

Open to Public
Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable	C Name of organization United Way of Milford, Inc.			D Employer identification number
<input checked="" type="checkbox"/> Address change	Doing Business As			06-0724409
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return	Room/suite			(203)874-6791
<input type="checkbox"/> Terminated	20 Evergreen Avenue			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4			G Gross receipts \$ 1,221,599
<input type="checkbox"/> Application pending	Milford CT 06460-4807			
F Name and address of principal officer				H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ► www.unitedwayofmilford.org				If "No," attach a list (see instructions)
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►				L Year of formation 1956
				M State of legal domicile CT

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To conduct an annual campaign to raise contributions for allocation to individuals and charitable organizations within the Milford community		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	2
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 5(b)	7b	0
Expenses	8 Contributions and grants (Part VIII, line 1h)	187	826,554
	9 Program service revenue (Part VIII, line 2g)		830,790
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11f)		24,443
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		38,186
			889,183
			892,829
			617,275
			0
			153,208
Net Assets or Fund Balances	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		154,705
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ► 83,280		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		79,816
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		76,421
	19 Revenue less expenses. Subtract line 18 from line 12		850,299
			882,264
			38,884
		10,565	
		Beginning of Current Year	End of Year
		1,019,020	1,087,522
		56,200	114,137
		962,820	973,385

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		Date 5-29-12
	Signature of officer Gary M. Johnson	Date
	Type or print name and title Executive Director	

Paid Preparer Use Only	Print/Type preparer's name Nancy M. Creatura	Preparer's signature 	Date 5/29/2012	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01439582
	Firm's name ► Nancy M. Creatura C.P.A.		Firm's EIN ►		
	Firm's address ► 62 Housatonic Drive, Milford, CT 06460-5034		Phone no (203)878-5501		

May the IRS discuss this return with the preparer shown above? (see instructions) Yes NoFor Paperwork Reduction Act Notice, see the separate instructions.
(HTA)

Form 990 (2011)

617 2

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission:

To raise funds through an annual campaign for distribution to area nonprofit agencies for human service needs.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 696,912 including grants of \$ 651,138) (Revenue \$ 892,829)

United Way of Milford, Inc. funds local non-profit organizations involved in human service activities in the community.

4b (Code: _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4c** (Code: _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 696,912

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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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 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	4 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 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 X	
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 X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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.	11a X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b 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.	11c X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e 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	11f 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.	12a 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	12b 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 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	16 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)	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	18 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	19 X	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c	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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
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? If "Yes," complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
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	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? 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
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	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	38	X

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V.

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** 0 **1b** 0 **1c** X

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. **2a** 4 **2b** X

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) **3a** **b** If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. **3a** **3b** **4a** X

4a 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)? **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. **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **c** If "Yes" to line 5a or 5b, did the organization file Form 8886-T? **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? **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **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? **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? **c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **d** If "Yes," indicate the number of Forms 8282 filed during the year. **7d** **e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **8** **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **9** **Sponsoring organizations maintaining donor advised funds.** **a** Did the organization make any taxable distributions under section 4966? **b** Did the organization make a distribution to a donor, donor advisor, or related person? **10** **Section 501(c)(7) organizations.** Enter: **a** Initiation fees and capital contributions included on Part VIII, line 12. **10a** **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. **10b** **11** **Section 501(c)(12) organizations.** Enter: **a** Gross income from members or shareholders. **11a** **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). **11b** **12a** **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year. **12b** **13** **Section 501(c)(29) qualified nonprofit health insurance issuers.** **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. **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. **c** Enter the amount of reserves on hand. **13b** **13c** **14a** Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. **14b** X

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year.
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

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 Did the organization have members or stockholders?

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

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, 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.

	Yes	No
1a	35	
1b	35	
2		X
3	X	
4	X	
5	X	
6	X	
7a		X
7b	X	
8a	X	
8b	X	
9		X

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

10a Did the organization have local chapters, branches, or affiliates?

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990.

12a Did the organization have a written conflict of interest policy? If "No," go to line 13.

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.

13 Did the organization have a written whistleblower policy?

14 Did 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.

b Other officers or key employees of the organization.
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?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

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

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

Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Gary M. Johnson (203) 874-6791
20 Evergreen Avenue, Milford, CT 06460

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 (do not check more than one box, unless person is both an officer and a director/trustee)					(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			
(1) Jonathan Bercham President	5.00	X		X			0	0	0
(2) Scott Stokes Vice President	2.00	X		X			0	0	0
(3) Marcia Hallman Secretary	2.00	X		X			0	0	0
(4) Gloria Lanna Treasurer	2.00	X		X			0	0	0
(5) Alan Chapin Director	1.00	X					0	0	0
(6) Jeffrey Cochrane Director	1.00	X					0	0	0
(7) Philip Caporosso Director	1.00	X					0	0	0
(8) David DeRubeis Director	1.00	X					0	0	0
(9) Darcy Ellis Director	1.00	X					0	0	0
(10) Karen Dobosz Director	1.00	X					0	0	0
(11) Diane Candido Director	1.00	X					0	0	0
(12) Carrie Jayne Director	2.00	X					0	0	0
(13) Kenneth Fellenbaum Director	1.00	X					0	0	0
(14) David Esposito Director	1.00	X					0	0	0

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(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
(15) Henry Jadach Director	2.00	X					0	0	0
(16) Vinny Bartoli Director	1.00	X					0	0	0
(17) Harry Garafalo Director	1.00	X					0	0	0
(18) Beverly Streit-Kefalas Director	1.00	X					0	0	0
(19) Raymond Vitali Director	1.00	X					0	0	0
(20) Karen Kipfer Director	1.00	X					0	0	0
(21) Suzanne Manning Director	1.00	X					0	0	0
(22) Erika Fonck Director	1.00	X					0	0	0
(23) Richard Meisenheimer Director	1.00	X					0	0	0
(24) Kathleen Nyiry Director	1.00	X					0	0	0
(25) Daniel Prestin Director	1.00	X					0	0	0
1b Sub-total							0	0	0
c Total from continuation sheets to Part VII, Section A							74,117	0	0
d Total (add lines 1b and 1c)							74,117	0	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							0		
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								Yes	No
3								X	
4 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. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services			(C) Compensation					
							0		
							0		
							0		
							0		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization							0		

Part VIII Statement of Revenue

Contributions, Gifts, Grants and Other Similar Amounts			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a	830,790			
b	Membership dues	1b	0			
c	Fundraising events	1c	0			
d	Related organizations	1d	0			
e	Government grants (contributions)	1e	0			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
g	Noncash contributions included in lines 1a-1f		\$ 0			
h	Total. Add lines 1a-1f			830,790		
Program Service Revenue		Business Code				
2a				0		
b				0		
c				0		
d				0		
e				0		
f	All other program service revenue			0		
g	Total. Add lines 2a-2f			0		
3	Investment income (including dividends, interest, and other similar amounts)		►	16,841	16,841	
4	Income from investment of tax-exempt bond proceeds		►	0		
5	Royalties		►	0		
6a	Gross rents	(i) Real	(ii) Personal			
b	Less: rental expenses					
c	Rental income or (loss)	0	0			
d	Net rental income or (loss)		►	0		
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b	Less: cost or other basis and sales expenses	309,375	0			
c	Gain or (loss)	308,553	0			
d	Net gain or (loss)	822	0			
			►	822		
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	64,293			
b	Less: direct expenses	b	20,217			
c	Net income or (loss) from fundraising events		►	44,076		
9a	Gross income from gaming activities See Part IV, line 19.	a	0			
b	Less: direct expenses	b	0			
c	Net income or (loss) from gaming activities		►	0		
10a	Gross sales of inventory, less returns and allowances	a	0			
b	Less: cost of goods sold	b	0			
c	Net income or (loss) from sales of inventory		►	0		
	Miscellaneous Revenue	Business Code				
11a	Credit card reward rebate	900099	300			
b			0			
c			0			
d	All other revenue		0			
e	Total. Add lines 11a-11d		►	300		
12	Total revenue. See instructions		►	892,829	16,841	0 0

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).

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

<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 United States. See Part IV, line 21	640,100	640,100		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	11,038	11,038		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	74,117	18,529	33,353	22,235
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			
7 Other salaries and wages	46,722	11,680	16,540	18,502
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,352	1,588	2,858	1,906
9 Other employee benefits	17,340	4,335	7,803	5,202
10 Payroll taxes	10,174	2,544	4,578	3,052
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	9,200	0	7,360	1,840
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,825		3,825	
g Other	1,782		1,782	
12 Advertising and promotion	10,659	221	595	9,843
13 Office expenses	12,949	2,095	5,593	5,261
14 Information technology	4,126	619	2,269	1,238
15 Royalties	0			
16 Occupancy	8,455	1,842	4,076	2,537
17 Travel	980	147	196	637
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	421	0	84	337
20 Interest	0			
21 Payments to affiliates	9,059	0	2,718	6,341
22 Depreciation, depletion, and amortization	7,861	1,179	4,324	2,358
23 Insurance	6,636	995	3,650	1,991
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous	418	0	418	0
b State filing fees	50	0	50	0
c	0			
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	882,264	696,912	102,072	83,280
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	100	1	100
	2 Savings and temporary cash investments	323,955	2	506,918
	3 Pledges and grants receivable, net	72,991	3	78,835
	4 Accounts receivable, net	1,008	4	1,100
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	800
	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	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,025	9	4,276
	10a Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 254,475		
	b Less: accumulated depreciation	10b 48,497	10c 213,696	205,978
	11 Investments—publicly traded securities	405,245	11	289,015
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	500
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,019,020	16	1,087,522
Liabilities	17 Accounts payable and accrued expenses	37,927	17	36,421
	18 Grants payable	18,273	18	77,716
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	56,200	26	114,137
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	882,128	27	919,772
	28 Temporarily restricted net assets	80,692	28	53,613
	29 Permanently restricted net assets		29	
	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	962,820	33	973,385
	34 Total liabilities and net assets/fund balances	1,019,020	34	1,087,522

Part XI Reconciliation of Net AssetsCheck 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	892,829
2	Total expenses (must equal Part IX, column (A), line 25)	2	882,264
3	Revenue less expenses. Subtract line 2 from line 1	3	10,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	962,820
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	973,385

Part XII Financial Statements and ReportingCheck 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?
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

United Way of Milford, Inc.

Employer identification number

06-0724409

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 to 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 it 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
11g(i)		X
11g(ii)		X
11g(iii)		X

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	977,266	998,634	928,356	826,554	830,790	4,561,600
2 Tax revenues levied for the organization's benefit and either paid to 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	977,266	998,634	928,356	826,554	830,790	4,561,600
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)						
6 Public support. Subtract line 5 from line 4.						4,561,600

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	977,266	998,634	928,356	826,554	830,790	4,561,600
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,400	23,542	-17,273	24,443	17,663	77,775
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.)						0
11 Total support. Add lines 7 through 10						4,639,375
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.32%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.18%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support test—2010. 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—2011. 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—2010. 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 year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)	0	0	0	0	0	0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2010. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

United Way of Milford, Inc.

Employer identification number

06-0724409

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a 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 <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other
c <input type="checkbox"/> Preservation for future generations	

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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 X? Yes No

1b If "Yes," explain the arrangement in Part XIV and complete the following table:

c	Amount
1c	0
1d	0
1e	0
1f	0

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

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
1a Beginning of year balance	0	0	0		
1b Contributions					
1c Net investment earnings, gains, and losses					
1d Grants or scholarships					
1e Other expenditures for facilities and programs					
1f Administrative expenses					
1g End of year balance	0	0	0	0	0

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► %
 b Permanent endowment ► %
 c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations
 (ii) related organizations

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

Yes	No
3a(i)	0
3a(ii)	0
3b	0

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
1b Buildings	0	0	0	0
1c Leasehold improvements	0	222,327	19,718	202,609
1d Equipment	0	14,543	13,931	612
1e Other	0	17,605	14,848	2,757

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 205,978

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

(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	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ►	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15) ►	0

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	0

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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	892,829
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	882,264
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	10,565
4	Net unrealized gains (losses) on investments	4	
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	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,565

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

1	Total revenue, gains, and other support per audited financial statements	1	892,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	892,829
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment 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	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	892,829

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

1	Total expenses and losses per audited financial statements	1	882,264
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	882,264
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment 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	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	882,264

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 XIV **Supplemental Information (continued)**

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

Employer identification number

United Way of Milford, Inc.

06-0724409

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations e Solicitation of non-government grants

b Internet and email solicitations f Solicitation of government grants

c Phone solicitations g Special fundraising events

d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					►	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CT

Part II

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

		(a) Event #1 <u>Community Builders Luncheon</u> (event type)	(b) Event #2 <u>Campaign Kick-Off</u> (event type)	(c) Other events <u>6</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	6,773	4,223	53,297	64,293
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	6,773	4,223	53,297	64,293
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	9,186	9,186
	6 Rent/facility costs	2,778	0	0	2,778
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	3,099	224	4,930	8,253
	10 Direct expense summary. Add lines 4 through 9 in column (d)			► (20,217)	
	11 Net income summary. Combine line 3, column (d), and line 10			► 44,076	

Part III

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	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)			► (0)	
	8 Net gaming income summary. Combine line 1, column d, and line 7			► 0	

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: _____

.....

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0 .

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ 0

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545-0047

2011

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► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

United Way of Milford, Inc.

Employer identification number

06-0724409

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year
under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?	(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
				To	From	Yes	No	Yes	No
(1)		0	0						
(2)		0	0						
(3)		0	0						
(4)		0	0						
(5)		0	0						
(6)		0	0						
(7)		0	0						
(8)		0	0						
(9)		0	0						
(10)		0	0						
Total			► \$ 0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

(HTA)

Schedule L (Form 990 or 990-EZ) 2011

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Gary M. Johnson	CEO	800	Medical expenses paid in excess of board of directors imposed cap.		X
(2)		0			
(3)		0			
(4)		0			
(5)		0			
(6)		0			
(7)		0			
(8)		0			
(9)		0			
(10)		0			

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

United Way of Milford, Inc

Employer identification number

06-0724409

Form 990 Part VI Section B Line 11b A copy of the Form 990 is submitted to the Chief Executive

Officer and reviewed by the Finance Committee comprised of nine members of the board of

directors. In compliance with state regulations, the audit is signed off by the Chief

Executive Officer and a member of the board of directors.

Form 990 Part VI Section B Line 12c No transactions are entered into with key employees,

officers or directors.

Form 990 Part VI Section B Line 15a All salary increases are based on the approval of the

Finance Committee at the time the budget is prepared and reviewed for the subsequent year.

Recommendations are based on annual reviews presented to the Personnel Committee which is

comprised of six members of the board of directors.

Name of the organization

United Way of Milford, Inc.

Employer identification number

06-0724409

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Date	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only)	Donated value	Description of Basis Method	
														Gross sales	
	Public Securities													Cost, other basis and expenses	
1	JNK-Cap gain distribution	X					12/1/5/2010	Purchase	1/6/2011	144	0			Cost	
2	6327 999sh WLTX	X					1/0/5/2010	Purchase	3/25/2011	69,924	71,633			Cost	
3	181sh JNK	X					1/0/5/2010	Purchase	3/25/2011	7,313	7,218			Cost	
4	53sh JNK	X					12/1/5/2010	Purchase	3/25/2011	2,141	2,117			Cost	
5	898 473sh WLTX	X					1/0/5/2010	Purchase	7/1/2011	10,000	10,030			Cost	
6	1421 817sh AGDYX	X					3/25/2011	Purchase	1/28/2011	12,199	13,050			Cost	
7	96 907sh FKASX	X					12/1/5/2010	Purchase	1/28/2011	2,025	2,383			Cost	
8	3434 429sh WLTX	X					12/1/5/2010	Purchase	1/28/2011	38,191	38,339			Cost	
9	79 181sh SSGSX	X					12/1/5/2010	Purchase	1/28/2011	2,326	2,227			Cost	
10	30000sh 22237LPA4	X					7/29/2004	Purchase	3/22/2011	30,000	28,361			Cost	
11	125sh ALTR	X					6/1/2/2009	Purchase	6/14/2011	5,497	2,089			Cost	
12	75sh ADSK	X					9/25/2009	Purchase	6/14/2011	2,849	1,778			Cost	
13	25sh ADSK	X					1/13/2009	Purchase	6/14/2011	950	627			Cost	
14	150sh BAC	X					3/22/2010	Purchase	6/14/2011	1,617	2,539			Cost	
15	125sh BAC	X					5/14/2010	Purchase	6/14/2011	1,348	2,044			Cost	
16	25sh BUCY	X					5/2/1/2010	Purchase	6/14/2011	2,293	2,207			Cost	
17	75sh CSCO	X					5/9/2007	Purchase	6/14/2011	1,130	1,995			Cost	
18	50sh DHR	X					6/16/2008	Purchase	6/14/2011	2,623	2,036			Cost	
19	75sh EMR	X					6/12/2009	Purchase	6/14/2011	3,958	2,628			Cost	
20	50sh GD	X					11/30/2007	Purchase	6/14/2011	3,532	4,422			Cost	
21	25sh GS	X					6/12/2009	Purchase	6/14/2011	3,418	3,641			Cost	
22	10sh GS	X					5/14/2010	Purchase	6/14/2011	1,367	1,426			Cost	
23	125sh INTC	X					7/28/2004	Purchase	6/14/2011	2,725	2,873			Cost	
24	25sh MS	X					6/16/2008	Purchase	6/14/2011	570	1,056			Cost	
25	25sh MS	X					6/12/2009	Purchase	6/14/2011	570	743			Cost	
26	125sh WFC	X					7/28/2004	Purchase	6/14/2011	3,373	3,573			Cost	
27	25000sh 3136FMR55	X					7/1/2010	Purchase	7/21/2011	25,000	24,955			Cost	
28	75sh NE	X					10/5/2007	Purchase	8/4/2011	2,445	3,535			Cost	
29	100sh GLW	X					12/22/2009	Purchase	8/4/2011	1,474	1,934			Cost	
30	225sh EMC	X					1/14/2008	Purchase	8/4/2011	5,473	3,761			Cost	
31	50sh ECL	X					1/14/2008	Purchase	8/4/2011	2,439	2,488			Cost	
32	125sh GE	X					7/28/2004	Purchase	8/4/2011	2,078	4,114			Cost	
33	50sh JPM	X					8/5/2008	Purchase	8/4/2011	1,900	2,079			Cost	
34	25sh MET	X					1/29/2010	Purchase	8/4/2011	940	898			Cost	
35	25sh MET	X					2/26/2010	Purchase	8/4/2011	940	909			Cost	
36	50sh PEP	X					7/28/2004	Purchase	8/4/2011	3,187	2,541			Cost	
37	50sh PG	X					8/5/2007	Purchase	8/4/2011	2,989	3,087			Cost	
38	75sh TEF	X					6/16/2008	Purchase	8/4/2011	1,570	2,051			Cost	
39	25sh TEVA	X					2/26/2010	Purchase	8/4/2011	1,036	1,116			Cost	
40	50sh UTX	X					6/16/2008	Purchase	8/4/2011	3,753	3,454			Cost	
41	50sh FCX	X					1/13/2009	Purchase	8/5/2011	2,275	1,923			Cost	
42	75sh OMC	X					7/2/2010	Purchase	8/5/2011	3,150	2,543			Cost	
43	125sh PBCJT	X					6/12/2009	Purchase	8/5/2011	1,469	1,935			Cost	
44	125sh WFT	X					6/16/2008	Purchase	8/8/2011	2,064	2,246			Cost	
45	25sh PX	X					1/14/2008	Purchase	8/8/2011	2,325	2,205			Cost	
46	212sh SPLS	X					7/29/2004	Purchase	8/8/2011	2,911	4,075			Cost	
47	50sh ABT	X					3/24/2008	Purchase	8/9/2011	2,375	2,782			Cost	
48	200sh KMX	X					4/27/2009	Purchase	9/22/2011	4,930	2,498			Cost	
49	152 674sh FKASX	X					1/13/2009	Purchase	12/8/2011	3,189	3,752			Cost	
50	912 246sh WLTX	X					10/5/2010	Purchase	12/8/2011	10,144	10,184			Cost	
51	25sh RIMM	X					12/11/2008	Purchase	12/8/2011	413	975			Cost	
52	135 57sh SSGSX	X					10/5/2010	Purchase	12/8/2011	3,983	3,814			Cost	
53	25sh APA	X					12/21/2007	Purchase	12/7/2011	2,215	2,664			Cost	
54	FKASX-Cap gain distribution	X					10/5/2010	Purchase	12/7/2011	415	0			Cost	
55	WLTX-Cap gain distribution	X					10/5/2010	Purchase	12/12/2011	210	0			Cost	

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method

	Totals	Gross sales	Cost, other basis and expenses
Public Securities		309,375	308,553
Non-Public Securities		0	0
Other sales		0	0

Part IX, Line 22 (990) - Depreciation, Depletion, and Amortization

		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1 Depreciation	1	7,861	1,179	4,324	2,358
2 Depletion	2	0			
3 Amortization	3	0			
4 Total	4	7,861	1,179	4,324	2,358

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Grants Receivable	1	0			
2 Pledges Receivable	2	147,991	153,835	75,000	75,000
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total pledges and grants receivable	11	147,991	153,835	75,000	75,000

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Sponsor fee receivable	1	296	1,100		
2 Insurance payment receivable	2	620	0		
3 Due from Milford Bank	3	92	0		
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	1,008	1,100	0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

 Cost End of year market value (FMV)

	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives?	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Book Value Cost	Ending Balance Book Value Cost
1	Staples Inc	X			212.00	0	4,075	0
2	Alliance Bernstein Global Bond Fund	X			19,681.41	0	0	164,062
3	Federal Nat'l Mtg	X			25,000.00	0	24,955	0
4	Pepsico Inc	X			50.00	0	2,541	0
5	Proctor & Gamble Co	X			50.00	0	3,087	0
6	Apache Corp	X			25.00	0	2,664	0
7	Chevron Corporation	X			25.00	0	1,941	1,941
8	Carmax Inc	X			200.00	0	2,498	0
9	Nike Inc-Class B	X			50.00	0	2,690	2,690
10	Noble Corporation	X			75.00	0	3,569	0
11	Goldman Sachs Group Inc	X			25.00	0	3,641	0
12	Peoples United Financial Inc	X			125.00	0	1,935	0
13	Intl Business Machines Corp	X			25.00	0	3,017	3,017
14	Emerson Elec Co	X			75.00	0	2,628	0
15	Bank of America	X			125.00	0	2,044	0
16	Wells Fargo & Co	X			200.00	0	3,573	0
17	Altera Corp	X			125.00	0	2,089	0
18	Bank of America	X			150.00	0	2,539	0
19	Telefonica	X			25.00	0	2,051	0
20	Autodesk Inc	X			100.00	0	2,406	0
21	General Dynamics Corp	X			50.00	0	4,422	0
22	General Electric Corp	X			125.00	0	4,114	0
23	Praxair Inc.	X			25.00	0	2,205	0
24	Bucyrus Intl	X			25.00	0	1,207	0
25	Goldman Sachs Group	X			10.00	0	1,426	0
26	Cisco Systems Inc	X			75.00	0	1,995	0
27	Coming Inc	X			100.00	0	1,934	0
28	ITC Holdings Corp	X			20.00	0	1,044	1,044
29	EMC Corp Mass	X			225.00	0	3,761	0
30	MetLife	X			50.00	0	1,807	0
31	Ecolab Inc	X			50.00	0	2,487	0
32	Freeportmcmoran	X			25.00	0	1,923	0
33	Omnicon Group	X			75.00	0	2,543	0
34	SPDR Series TR Barclays	X			234.00	0	9,335	0
35	Research in Motion Ltd	X			25.00	0	975	0
36	Intel Corp	X			125.00	0	2,873	0
37	Apple Inc	X			15.00	0	2,006	2,006
38	Federated Kauffman	X			185.06	0	4,433	0
39	United Technologies	X			50.00	0	3,454	0
40	Danaher Corp	X			50.00	0	2,036	0
41	FNMA 4.375% 09/15/12	X			20,000.00	0	19,476	19,476

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported:

Cost

End of year market value (EMV)

Part X, Line 15 (990) - Other Assets

	Description	Beginning	End
1	Deposit	500	500
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Continuation Sheet for Form 990

Page 1 of 1

Name of the Organization United Way of Milford, Inc.			Employer identification number 06-0724409					
Part VII Section A		Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees						
(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	
		Former	Highest compensated employee	Key employee				Officer
(26) Robert V. Macklin Director		1. X				0	0	0
(27) Calvin Robinson Director		1. X				0	0	0
(28) Lisa Shea Director		1. X				0	0	0
(29) Frank Tomaselli Director		1. X				0	0	0
(30) Audra Wilder Director		1. X				0	0	0
(31) Peter Spalthoff Director		1. X				0	0	0
(32) Greta Stanford Director		1. X				0	0	0
(33) Patricia Liptak Director		1. X				0	0	0
(34) Edward Woodhead Director		1. X				0	0	0
(35) Cheryl Fitzpatrick Director		1. X				0	0	0
(36) Gary M. Johnson CEO	40.		X X			74,117	0	0
(37).....								
(38).....								
(39).....								
(40).....								
(41).....								
(42).....								
(43).....								
(44).....								
(45).....								
(46).....								

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return United Way of Milford, Inc.	Business or activity to which this form relates 990	Identifying number 06-0724409
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	143
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6				

7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12	13	0

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	143
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	6,109
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property			7	HY	200DB	
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs.			S/L	
h Residential rental property		27.5 yrs.	MM	S/L		
i Nonresidential real property		27.5 yrs.	MM	S/L		
		39 yrs.	MM	S/L		
			MM	S/L		

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	1,609
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	7,861
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
2006 Ford Focus	2/2/2009	100.00%	8,380	8,380	5	200DB - HY	1,609		
27 Property used 50% or less in a qualified business use:									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	1,609	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles			

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	0