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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income Tax**2011**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C UNITED WAY OF THE VALLEY & GREATER UTICA AREA INC. 201 LAFAYETTE STREET #201 UTICA, NY 13502	D Employer Identification Number 15-0532074	E Telephone number (315) 733-4691
F Name and address of principal officer BREND A EPISCOPO SAME AS C ABOVE		G Gross receipts \$ 3,220,451. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.UNITEDWAYGU.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1921	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. <u>TO PROMOTE INDIVIDUAL WELL BEING, STRENGTHEN FAMILIES, AND IMPROVE THE QUALITY OF LIFE IN OUR COMMUNITY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	13
	6 Total number of volunteers (estimate if necessary)	6	1,380
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).	Prior Year 2,332,613. 31,759. 9,153. 58,736. 2,432,261.	Current Year 2,858,414. 2,076. -116,388. 61,621. 2,805,723.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 251,273. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12.	2,009,124. 534,938. 296,670. 2,840,732. -408,471.	2,038,670. 432,148. 236,821. 2,707,639. 98,084.
Net Assets or Fund Balance	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20.	Beginning of Current Year 3,812,674. 736,232.	End of Year 3,815,138. 652,901.
		3,076,442.	3,162,237.

Part II Signature Block

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

Sign Here	Signature of officer: <u>Brenda Episcopo</u>	Date: <u>7/9/12</u>			
	BREND A EPISCOPO Type or print name and title EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name: RICHARD F. ZWEIFEL	Preparer's signature: RICHARD F. ZWEIFEL	Date: 7/09/12	Check <input type="checkbox"/> if self-employed	PTIN: P00085938
	Firm's name: GRUVER, ZWEIFEL & SCOTT LLP			Firm's EIN: 15-0625503	
	Firm's address: 7936 SENECA TURNPIKE CLINTON, NY 13323			Phone no: (315) 797-7781	

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

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 08/18/11

Form 990 (2011)

SCANNED JUL 19 2012

9-19 (9)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the 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 \$ 2,228,569. including grants of \$ 2,038,670.) (Revenue \$ 2,076.)

COMMUNITY IMPACT FUNDING-IMPROVING LIVES BY MOBILIZING COMMUNITIES TO CREATE
SUSTAINED CHANGES IN THE COMMUNITY CONDITIONS. COMMUNITY IMPACT FUNDING INCLUDES
BUILDING COMMUNITY PARTNERSHIPS AND COALITIONS, ASSESSMENT OF COMMUNITY NEEDS, AND
FUND DISTRIBUTION. THE UNITED WAY FUNDED 30 AGENCIES IN 2011.

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

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

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

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

4e Total program service expenses ▶ 2,228,569.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
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.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	X	
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	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		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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		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.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
28b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
28c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		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		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		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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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		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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	5	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	13	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
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?		X
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?		X
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?		X
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?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
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	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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**

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

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
10b 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?	X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O	X	
b Other officers of key employees of the organization. SEE SCHEDULE O. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	X	
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?		X
16b 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

☒ Own website ☒ Another's website ☒ Upon request

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

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

MARGE FRANCIS 201 LAFAYETTE STREET UTICA NY 13502 (315) 733-4691

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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	Former			
(1) ALLISON DAMIANO-DETRAGL VICE PRESIDENT	1	X		X				0.	0.	0.
(2) ELIZABETH SOGGS 1ST VICE PRES.	1	X		X				0.	0.	0.
(3) GENO DECONDO ASST TREASURER	1	X		X				0.	0.	0.
(4) AMBER J. CLARKE TREASURER	1	X		X				0.	0.	0.
(5) BURT DANOVITZ CHAIRMAN	1	X						0.	0.	0.
(6) FRED D. MATT VICE CHAIR	1	X						0.	0.	0.
(7) BRENDA EPISCOPO EXEC. DIR./SEC.	40	X		X				47,060.	0.	2,175.
(8) SYMEON TSOUPELIS DIRECTOR	1	X						0.	0.	0.
(9) ANTHONY J. SCIBELLI VICE PRESIDENT	1	X		X				0.	0.	0.
(10) BETH A BREWER DIRECTOR	1	X						0.	0.	0.
(11) DEBORAH A. DEMPSEY-SCIA DIRECTOR	1	X						0.	0.	0.
(12) EVE VAN DEWAL CHAIRMAN	1	X						0.	0.	0.
(13) KENNETH M. TOMPKINS DIRECTOR	1	X						0.	0.	0.
(14) FRED C. MONACO II LABOR LAISON	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (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	Former			
(15) SAMANTHA DERISO DIRECTOR	1	X						0.	0.	0.
(16) JOHN H. HOBIKA, JR. DIRECTOR	1	X						0.	0.	0.
(17) JAMES WALLACE PRESIDENT	1	X		X				0.	0.	0.
(18) DONALD CARBONE VICE PRESIDENT	1	X		X				0.	0.	0.
(19) ANTHONY COLON DIRECTOR	1	X						0.	0.	0.
(20) GREGORY M. MORRA DIRECTOR	1	X						0.	0.	0.
(21) PATRICK JOHNSON DIRECTOR	1	X						0.	0.	0.
(22) PATRICK J. COSTELLO DIRECTOR	1	X						0.	0.	0.
(23) MAIMUN N. KHAN DIRECTOR	1	X						0.	0.	0.
(24) DR. ANN MARIE MURRAY DIRECTOR	1	X						0.	0.	0.
(25) MICHAEL PAPARONE DIRECTOR	1	X						0.	0.	0.
1 b Sub-total								47,060.	0.	2,175.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								47,060.	0.	2,175.

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		X
5		X

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

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

Section B. Independent Contractors

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

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

2011

Name of the Organization

Employer Identification number

UNITED WAY OF THE VALLEY & GREATER

15-0532074

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a	2,779,912.			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	78,502.			
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f			2,858,414.			
PROGRAM SERVICE REVENUE	2a <u>RELATED RENTAL INCOME</u>		Business Code	2,076.	2,076.	
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f			2,076.		
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			8,038.		8,038.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.					
			(i) Real	(ii) Personal		
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses		285,321.			
	c Gain or (loss)		409,747.			
	d Net gain or (loss)		-124,426.			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	9,539.		
	b Less: direct expenses		b	4,981.		
	c Net income or (loss) from fundraising events			4,558.		4,558.
	9a Gross income from gaming activities See Part IV, line 19		a			
	b Less: direct expenses		b			
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a <u>MANAGEMENT FEES</u>			57,063.	57,063.		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			57,063.			
12 Total revenue. See instructions			2,805,723.	-65,287.	0.	12,596.

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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,038,670.	2,038,670.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	49,265.	17,232.	15,263.	16,770.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	291,952.	100,830.	90,137.	100,985.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	18,624.	6,444.	5,753.	6,427.
9 Other employee benefits	33,757.	11,691.	10,427.	11,639.
10 Payroll taxes	38,550.	13,327.	11,908.	13,315.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	26,974.	884.	25,148.	942.
12 Advertising and promotion				
13 Office expenses	17,087.	4,097.	6,163.	6,827.
14 Information technology				
15 Royalties				
16 Occupancy	71,344.	17,213.	25,608.	28,523.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,052.	755.	653.	644.
20 Interest				
21 Payments to affiliates	26,824.	6,170.	10,730.	9,924.
22 Depreciation, depletion, and amortization	12,088.	2,923.	4,317.	4,848.
23 Insurance	3,695.	887.	1,330.	1,478.
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 CAMPAIGN SUPPLIES	46,497.	1,203.	5,028.	40,266.
b RENTAL EXPENSES	8,963.		8,963.	
c POSTAGE AND SHIPPING	6,042.	1,225.	1,935.	2,882.
d MEMBERSHIP DUES & SUBSCRIPTION	5,610.	1,268.	2,228.	2,114.
e All other expenses	9,645.	3,750.	2,206.	3,689.
25 Total functional expenses. Add lines 1 through 24e	2,707,639.	2,228,569.	227,797.	251,273.
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	150,301.	1	223,168.
	2 Savings and temporary cash investments	996,274.	2	934,458.
	3 Pledges and grants receivable, net	1,365,043.	3	1,474,770.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	11,950.	9	17,813.
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 66,930.		
	b Less: accumulated depreciation	10b 60,316.	10c	6,614.
	11 Investments — publicly traded securities	6,526.	11	6,974.
	12 Investments — other securities. See Part IV, line 11	504,452.	12	509,675.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	398,671.	15	641,666.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,812,674.	16	3,815,138.	
LIABILITIES	17 Accounts payable and accrued expenses	20,838.	17	23,293.
	18 Grants payable	271.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	715,123.	25	629,608.
	26 Total liabilities. Add lines 17 through 25	736,232.	26	652,901.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.		
27 Unrestricted net assets		1,539,631.	27	1,408,369.
28 Temporarily restricted net assets		1,290,104.	28	1,484,919.
29 Permanently restricted net assets		246,707.	29	268,949.
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.		3,076,442.	33	3,162,237.
34 Total liabilities and net assets/fund balances	3,812,674.	34	3,815,138.	

BAA

Form 990 (2011)

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	2,805,723.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,707,639.
3	Revenue less expenses. Subtract line 2 from line 1	3	98,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,076,442.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	-12,289.
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	3,162,237.

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? ☒
- 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☒
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? ☐
- 3b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits ☐

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

BAA

Form 990 (2011)

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 THE VALLEY & GREATER
UTICA AREA INC.**

Employer identification number
15-0532074

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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'.)	3,337,220.	3,134,739.	3,332,665.	2,332,613.	2,858,414.	14,995,651.
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	3,337,220.	3,134,739.	3,332,665.	2,332,613.	2,858,414.	14,995,651.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4						14,995,651.

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.	3,337,220.	3,134,739.	3,332,665.	2,332,613.	2,858,414.	14,995,651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	55,753.	52,501.	23,499.	9,153.	8,038.	148,944.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.) SEE PART IV	51,414.	60,046.	66,029.	62,408.	57,063.	296,960.
11 Total support. Add lines 7 through 10						15,441,555.
12 Gross receipts from related activities, etc (see instructions)					12	81,802.
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	97.11 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.95 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test – 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 yr 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'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <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	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

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. ▶ ☐

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. ▶ ☐

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

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).

2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

15-0532074

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2011	2010	2009	2008	2007
MANAGEMENT FEES & MISC	57,063.	62,408.	66,029.	60,046.	51,414.
TOTAL	<u>\$ 57,063.</u>	<u>\$ 62,408.</u>	<u>\$ 66,029.</u>	<u>\$ 60,046.</u>	<u>\$ 51,414.</u>

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

▶ Complete if the organization answered 'Yes' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 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 THE VALLEY & GREATER
UTICA AREA INC.

Employer identification number

15-0532074

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ 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.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to the organization's financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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

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

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	396,627.	359,630.	281,547.	387,625.	
b Contributions	22,242.	20.	913.		
c Net investment earnings, gains, and losses	-2,256.	36,977.	77,170.	-106,078.	
d Grants or scholarships					
e Other expenditures for facilities and programs				0.	
f Administrative expenses					
g End of year balance	416,613.	396,627.	359,630.	281,547.	

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)	X	
3a(ii)		X
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		60,215.	56,287.	3,928.
e Other		6,715.	4,029.	2,686.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				6,614.

BAA

Schedule D (Form 990) 2011

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		
(2) Closely-held equity interests		
(3) Other <u>CERTIFICATES OF DEPOSIT</u>	509,675.	END OF YEAR MARKET VALUE
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)	509,675.	

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

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

(a) Description	(b) Book value
(1) <u>INTEREST IN ASSETS HELD BY THIRD PARTY</u>	641,666.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.)	641,666.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <u>CAMPAIGN DESIGNATIONS PAYABLE</u>	626,136.
(3) <u>REFUNDABLE ADVANCES</u>	3,472.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	629,608.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). SEE PART XIV

Part 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)		2,805,723.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2,707,639.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		98,084.
4	Net unrealized gains (losses) on investments		-12,289.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net) Add lines 4 through 8		-12,289.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		85,795.

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

1	Total revenue, gains, and other support per audited financial statements	1	2,179,154.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-12,289.
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	-12,289.
3	Subtract line 2e from line 1	3	2,191,443.
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.) SEE PART XIV	4b	614,280.
c	Add lines 4a and 4b	4c	614,280.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,805,723.

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

1	Total expenses and losses per audited financial statements	1	2,093,359.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,093,359.
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.) SEE PART XIV	4b	614,280.
c	Add lines 4a and 4b	4c	614,280.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,707,639.

Part XIV Supplemental Information

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

--- **PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND** ---

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

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

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

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

--- NEEDED AT THE DISCRETION OF THE BOARD OF DIRECTORS. ---

Part XIV Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE**

THE UNITED WAY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE UNITED WAY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE UNITED WAY REVIEWS THE COMPONENTS OF REVENUES, GAINS AND OTHER SUPPORT AND ANALYZES WHETHER THE POSITION THAT THE ORGANIZATION TAKES WITH REGARD TO A PARTICULAR ITEM OF INCOME WOULD MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES.

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

[illegible]

2011

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 4UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

15-0532074

SCHEDULE D, PART XII, LINE 4B**OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

DONOR DESIGNATED CONTRIBUTIONS	\$	605,317.
RENTAL EXPENSES		8,963.
TOTAL	\$	<u>614,280.</u>

SCHEDULE D, PART XIII, LINE 4B**OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

ALLOCATIONS FROM DESIGNATED CONTRIB.	\$	605,317.
RENTAL EXPENSES		8,963.
TOTAL	\$	<u>614,280.</u>

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE VALLEY & GREATER

Part I General Information on Grants and Assistance

Employer identification number

15-0532074

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AIDS COMMUNITY RESOURCES 627 W. GENESEE STREET SYRACUSE, NY 13204			23,560.	0.			FUNDED PARTNER
(2) AMERICAN RED CROSS 1415 GENESEE STREET UTICA, NY 13502			107,975.	0.			FUNDED PARTNER
(3) BOYS' AND GIRLS' CLUB OF UTIC 755 LANSING STREET UTICA, NY 13502			62,500.	0.			FUNDED PARTNER
(4) CATHOLIC CHARITIES OF HERKIME 61 WEST STREET ILLION, NY 13357			44,525.	0.			FUNDED PARTNER
(5) CATHOLIC CHARITIES, UTICA-ROM 1408 GENESEE STREET UTICA, NY 13502			42,522.	0.			FUNDED PARTNER
(6) CENTER FOR FAMILY LIFE & REC. 502 COURT STREET, SUITE 401 UTICA, NY 13502			10,000.	0.			FUNDED PARTNER
(7) FAMILY SERVICES OF THE MOHAWK 401 COLUMBIA STREET UTICA, NY 13502			45,550.	0.			FUNDED PARTNER
(8) FAXTON ST. LUKES HEALTHCARE 1676 SUNSET AVENUE UTICA, NY 13502			37,786.	0.			FUNDED PARTNER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

30

0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)

Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 1 of 3

Name of the organization		Employer identification number					
UNITED WAY OF THE VALLEY & GREATER		15-0532074					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER UTICA FOOD RESOURCE 108-112 BLEEKER STREET UTICA, NY 13501			23,667.				FUNDED PARTNER
HOSPICE AND PALLIATIVE CARE, INC 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD, NY 13413			41,020.				FUNDED PARTNER
JOHN BOSCO HOUSE INC 425 LAFAYETTE STREET UTICA, NY 13502			10,000.				FUNDED PARTNER
JOHNSON PARK CENTER 26 JOHNSON PARK UTICA, NY 13501			71,000.				FUNDED PARTNER
LEARNING DISAB. CENTER 401 COLUMBIA STREET UTICA, NY 13502			32,500.				FUNDED PARTNER
LEGAL AID SOCIETY OF MID-NEW YORK 255 GENESEE STREET UTICA, NY 13501			46,000.				FUNDED PARTNER
MOHAWK VALLEY COMMUNITY ACTION 9882 RIVER ROAD MARCY, NY 13403			17,475.				FUNDED PARTNER
MULTI-CULTURAL ASSOC FOR MED. IN 309 GENESEE STREET UTICA, NY 13501			8,500.				FUNDED PARTNER
NEIGHBORHOOD CENTER OF UTICA 293 GENESEE STREET UTICA, NY 13501			95,483.				FUNDED PARTNER
PARKWAY SENIOR CENTER 220 MEMORIAL PARKWAY UTICA, NY 13501			25,554.				FUNDED PARTNER

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

Continuation Sheet for Schedule I (Form 990)

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

2011

Continuation Page 2 of 3

Name of the organization		Employer identification number					
UNITED WAY OF THE VALLEY & GREATER		15-0532074					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESOURCE CENTER FOR INDEPENDENT 409 COLUMBIA STREET UTICA, NY 13502			173,500.				FUNDED PARTNER
REVOLUTIONARY TRAILS COUNCIL 1401 GENESEE STREET UTICA, NY 13501			31,220.				FUNDED PARTNER
SALVATION ARMY OF HERKIMER 431 N PROSPECT ST HERKIMER, NY 13350			9,750.				FUNDED PARTNER
SALVATION ARMY 14 CLINTON PLACE UTICA, NY 13501			20,190.				FUNDED PARTNER
SAMARITAN COUNSELING CENTER 1643 GENESEE STREET UTICA, NY 13501			31,859.				FUNDED PARTNER
THE A.R.C. OF ONEIDA-LEWIS CHAP 245 GENESEE STREET UTICA, NY 13502			19,000.				FUNDED PARTNER
THE PEACEMAKER PROGRAM 502 COURT STREET SUITE 234 UTICA, NY 13502			56,500.				FUNDED PARTNER
THEA BOWMAN HOUSE 731 LAFAYETTE STREET UTICA, NY 13502			94,240.				FUNDED PARTNER
UPSTATE CEREBRAL PALSY 1020 MARY STREET UTICA, NY 13501			56,593.				FUNDED PARTNER
UTICA SAFE SCHOOLS 1115 MOHAWK STREET UTICA, NY 13501			11,200.				FUNDED PARTNER

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

2011

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

Continuation Page 3 of 3

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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

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Inspection

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

Employer identification number
15-0532074

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

AUDIT COMMITTEE REVIEWS THE UNITED WAY'S 990 WITH MANAGEMENT AND THEN THE BOARD OF
DIRECTORS WILL REVIEW AND APPROVE PRIOR TO FILING AND RELEASING IT TO THE PUBLIC.

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

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

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

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

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

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

OUR COMPENSATION PHILOSOPHY STATEMENT STATES THAT THE POLICY OF THE UNITED WAY OF
THE VALLEY & GREATER UTICA AREA IS TO PROVIDE COMPENSATION THAT IS FAIR, REASONABLE
AND CONSISTENT WITH COMPENSATION PAID IN THE NON-PROFIT SECTOR FOR POSITIONS OF
COMPARABLE WORTH, COMPLEXITY AND RESPONSIBILITY. THE HR COMMITTEE SHALL RECOMMEND
TO THE BOARD OF DIRECTORS THE COMPENSATION OF EMPLOYEES UNDER THE GUIDELINES SET

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

Employer identification number
15-0532074

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

FORTH IN THE COMPENSATION POLICY USING THE FOLLOWING PROCESS:

1) ANNUAL BENCHMARKING

2) SALARY RANGES - THREE BROADBAND LEVELS

A) DIRECTOR LEVEL

B) PROFESSIONAL/SUPPORT LEVEL

C) ADMINISTRATIVE

3) PERFORMANCE REVIEWS

4) SPECIAL CIRCUMSTANCES

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

THE UNITED WAY'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AT THE UNITED WAY OFFICES. IN

ADDITION, THE FINANCIAL STATEMENTS AS FILED WITH THE CHARITIES BUREAU ARE AVAILABLE

ON THAT AGENCY'S WEB SITE AND THE UNITED WAY'S WEBSITE.

2011

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

UNITED WAY OF THE VALLEY & GREATER
UTICA AREA INC.

15-0532074

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

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

TOTAL \$ -12,289.
\$ -12,289.

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the
Department of State, at the City of Albany, on
September 12, 2008.

Paul LaPointe

Paul LaPointe
Special Deputy Secretary of State

#09

080717000 760

CERTIFICATE OF AMENDMENT
OF
THE UNITED WAY OF THE VALLEY AND THE GREATER UTICA AREA, INC.
PURSUANT TO §803 OF THE NOT-FOR-PROFIT CORPORATION LAW

The undersigned, Philip N. Hayne, Executive Director, and Mary Malone McCarthy, First Vice President, of The United Way of the Valley and The Greater Utica Area, Inc., said corporation being a domestic Not-For-Profit corporation organized and existing under and by virtue of the laws of the State of New York, do hereby certify as follows:

(1) The name of the constituent corporation is The United Way of the Valley and the Greater Utica Area, Inc. The United Way of the Valley and the Greater Utica Area, Inc. was formed under the name Greater Utica Community Chest and Planning Council, Inc., and then to United Way of the Greater Utica Area, Inc.

(2) The original Certificate of Incorporation of The United Way of the Valley and the Greater Utica Area, Inc., consolidated Council of Social Agencies of Utica, New York and Vicinity, Inc., with Utica Community Chest, Inc., by Certificate of Consolidation forming Greater Utica Community Chest and Planning Council, Inc., which was duly filed at the Department of State on February 28, 1949, pursuant to §50 of the Membership Corporation Law. A Certificate of Amendment changing the corporate name from Greater Utica Community Chest and Planning Council, Inc., to United Way of the Greater Utica Area, Inc., was filed at the Department of State on July 11, 1974. A Certificate of Merger of United Way of the Greater Utica Area, Inc. and Town

of Kirkland United Way, Inc., into United Way of the Greater Utica Area, Inc., pursuant to §904 of the Not-For-Profit Corporation Law was filed at the Department of State on May 9, 1995. A Certificate of Merger of United Way of the Greater Utica Area, Inc., and Valley United Way, into United Way of the Greater Utica Area, Inc., pursuant to §904 of the Not-For-Profit Corporation Law was filed at the Department of State on December 14, 2007. A Certificate of Amendment changing the name from United Way of the Greater Utica Area, Inc. into The United Way of the Valley and The Greater Utica Area, Inc. was filed with the Department of State on April 28, 2008.

(3) The United Way of the Valley and The Greater Utica Area, Inc., is a corporation as defined in the New York State Not-For-Profit Corporation Law §102(a)(5) and is a Type B corporation under §201 of the Not-For-Profit Corporation Law.

(4) The Secretary of State of the State of New York is hereby designated as agent of the corporation upon whom process against it may be served. The post office address to which the Secretary of State shall mail a copy of any process against the corporation is 270 Genesee Street, Utica, New York 13502.

(5) The Certificate of Incorporation shall be amended to provide a change in the corporate name and to change the service of process served upon the Secretary of State as designated agent. To that end:

Paragraph 2 of the Certificate of Incorporation of The United Way of the Valley and The Greater Utica Area, Inc., is hereby amended to read as follows:

2. The name of the corporation is: **UNITED WAY OF THE VALLEY AND GREATER UTICA AREA, INC.**

Paragraph 8 of the Certificate of Incorporation is hereby amended to read as follows:

8. The Corporation designates the Secretary of State of the State of New York as agent of the corporation upon whom process against it may be served, and the

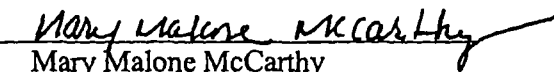
post office address to which the Secretary of State shall mail a copy of any process against the corporation or served upon him/her shall be: United Way of the Valley and Greater Utica Area, Inc., Attn.: Executive Director, 270 Genesee Street, Utica, New York 13502.

- (6) The effective date of this Certificate of Amendment shall be the date of filing.
- (7) This Certificate of Amendment was authorized on behalf of said corporation on February 28, 2008, by Resolution of a majority of the entire Board of Directors on February 28, 2008, pursuant to §802 of the New York State Not-For-Profit Corporation Law.

IN WITNESS WHEREOF, the undersigned have, on behalf of the constituent corporation, signed this certificate and hereby affirm it as true under the penalties of perjury this 16th day of July, 2008.

**THE UNITED WAY OF THE VALLEY AND
THE GREATER UTICA AREA, INC.**

By: 
Philip N. Hayne
Executive Director

By: 
Mary Malone McCarthy
First Vice President

STATE OF NEW YORK }
 } ss.:
COUNTY OF ONEIDA }

On this 16th day of July, in the year 2008, before me, the undersigned, personally appeared **PHILIP N. HAYNE**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

KAREN F. TEACHOUT
Notary Public, State of New York
#01TE6092218
Appointed in OTSEGO COUNTY
My Commission Expires May 12, 2011


NOTARY PUBLIC

STATE OF NEW YORK }
 } ss.:
COUNTY OF ONEIDA }

On this 16th day of July, in the year 2008, before me, the undersigned, personally appeared **Mary Malone McCarthy**, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her capacity, and that by her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

KAREN F. TEACHOUT
Notary Public, State of New York
#01TE6092218
Appointed in OTSEGO COUNTY
My Commission Expires May 12, 2011


NOTARY PUBLIC

*Lightning
Legal
#09*

080717000 760

CERTIFICATE OF AMENDMENT

OF

**THE UNITED WAY OF THE VALLEY AND
THE GREATER UTICA AREA, INC.**

PURSUANT TO §803 OF THE NOT-FOR-PROFIT CORPORATION LAW

Dated: July 16, 2008

SAUNDERS, KAHLER, AMOROSO & LOCKE, L.L.P.

Attorneys at Law

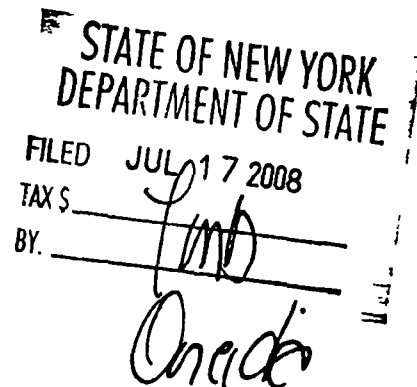
Suite 1400

185 Genesee Street

Utica, New York 13501-2194

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