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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)

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

OMB No 1545-0047

2011Open to Public
Inspection**A** For the 2011 calendar year, or tax year beginning **APR 1, 2011** and ending **MAR 31, 2012****B** Check if applicable

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

C Name of organization**UNITED WAY OF THE UPPER OHIO VALLEY, INC**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

51 11TH STREET

Room/suite

City or town, state or country, and ZIP + 4

WHEELING, WV 26003**F** Name and address of principal officer **GEORGE E SMOULDER****51 11 STREET, WHEELING, WV 26003****D** Employer identification number**55-0479446****E** Telephone number**304-232-4625****G** Gross receipts \$**875,755.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)**H(c)** Group exemption number ▶**I** Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UNITEDWAYUOV.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1964** **M** State of legal domicile: **WV****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities IMPROVING LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY IS THE MISSION OF THE UNITED WAY						
2	Check this box ☐ 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	33				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	33				
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	6				
6	Total number of volunteers (estimate if necessary)	6	500				
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.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	600,748.	611,304.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,503.	391.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,273.	19,745.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,992.	6,374.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	673,516.	637,814.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	418,470.	433,252.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	170,836.	177,355.				
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,424.	0.	0.				
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	98,161.	98,672.				
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	687,467.	709,279.				
19	Revenue less expenses - Subtract line 18 from line 12	<13,951.>	<71,465.>				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	2,940,438.	2,867,907.				
22	Net assets or fund balances. Subtract line 21 from line 20	180,823.	189,204.				
		2,759,615.	2,678,703.				

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	X <i>George E. Smoulder</i> Signature of officer	X 10-30-12 Date
	GEORGE E SMOULDER, EXECUTIVE DIRECTOR Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name LOUIS J COSTANZO III	Preparer's signature <i>Louis J Costanzo</i>
	Firm's name COSTANZO & ASSOCIATES, PLLC	Firm's EIN 55-0718347
	Firm's address 1341 NATIONAL ROAD WHEELING, WV 26003-0251	Phone no. 304-242-4400

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

☒ Yes ☐ No

132001 01-23-12

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

Form **990** (2011)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

90-16 27

SCANNED NOV 30 2012

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission

THE MISSION OF THE UNITED WAY OF THE UPPER OHIO VALLEY, INC IS IMPROVING LIVES BY MOBILIZING THE CARING POWER OF THE COMMUNITY. THIS IS PRIMARILY ACHIEVED BY FUNDRAISING FOR COMMUNITY SERVICE MEMBER ORGANIZATIONS.

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 \$ **142,844.** including grants of \$ **109,022.**) (Revenue \$)

DISASTER/EMERGENCY ASSISTANCE - ALLOCATIONS TO AGENCIES PROVIDING DISASTER & EMERGENCY SERVICES TO INDIGENTS AND DIRECT ASSISTANCE TO INDIGENTS FOR SHELTER, FOOD, & MEDICAL: SERVING 40,980 PERSONS

4b (Code) (Expenses \$ **226,578.** including grants of \$ **172,931.**) (Revenue \$)

BASIC SUBSISTENCE- FOOD/HEALTH - ALLOCATIONS TO AGENCIES PROVIDING COUNSELING, MEDICAL & MENTAL HEALTH SERVICES: SERVING 48,717 PERSONS.

4c (Code) (Expenses \$ **100,516.** including grants of \$ **76,717.**) (Revenue \$)

CRISIS INTERVENTION/EDUCATION/REHABILITATION - ALLOCATIONS TO AGENCIES PROVIDING REHABILITATION SERVICES TO FAMILIES, SENIOR CITIZENS AND DISABLED PERSONS: SERVING 10,006 PERSONS.

4d Other program services (Describe in Schedule O)(Expenses \$ **75,693.** including grants of \$ **57,771.**) (Revenue \$)**4e** Total program service expenses **545,631.**

Form 990 (2011)

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2011)

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38 X	

Note. All Form 990 filers are required to complete Schedule O

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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.	1a 3		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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 6		
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).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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.	13a		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

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

☒**Section A. Governing Body and Management**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	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.	33													
b Enter the number of voting members included in line 1a, above, who are independent		33												
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														

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **WV, OH**

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
GEORGE E SMOULDER - 304-232-4625
51 11TH STREET, WHEELING, WV 26003

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****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 employee	Former			
(1) SHANE WALTERS VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(2) JASON C HASWELL DIRECTOR	0.20	X						0.	0.	0.
(3) RICHARD C STUMP DIRECTOR	0.20	X						0.	0.	0.
(4) BRUCE ARCHER DIRECTOR	0.20	X						0.	0.	0.
(5) KATHIE BROWN DIRECTOR	0.20	X						0.	0.	0.
(6) ORPHY KLEMPA DIRECTOR	0.20	X						0.	0.	0.
(7) JOSEPH LOVELL DIRECTOR	0.20	X						0.	0.	0.
(8) DAN MOYER DIRECTOR	0.20	X						0.	0.	0.
(9) KIRK PFISTER DIRECTOR	0.20	X						0.	0.	0.
(10) KRISTIE L BARNETT DIRECTOR	0.20	X						0.	0.	0.
(11) CHARLES BELL DIRECTOR	0.20	X						0.	0.	0.
(12) MARC CHERNENKO DIRECTOR	0.20	X						0.	0.	0.
(13) ROGER LYONS DIRECTOR	0.20	X						0.	0.	0.
(14) PATRICIA FAST VICE-PRESIDENT	1.00	X		X				0.	0.	0.
(15) MARK CROW DIRECTOR	0.20	X						0.	0.	0.
(16) ISACC DIEFFENBAUGHER DIRECTOR	0.20	X						0.	0.	0.
(17) JIM ROCK DIRECTOR	0.20	X						0.	0.	0.

Part VII 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	Former			
(18) WILLIAM J WAGNER PRESIDENT	1.00	X		X				0.	0.	0.
(19) BERNADETTE SMITH DIRECTOR	0.20	X						0.	0.	0.
(20) SCOTT REED DIRECTOR	0.20	X						0.	0.	0.
(21) DALE KNUITSEN DIRECTOR	0.20	X						0.	0.	0.
(22) JUDY RIESBECK WRIGHT DIRECTOR	0.20	X						0.	0.	0.
(23) JAMES G SQUIBB SECRETARY	1.00	X		X				0.	0.	0.
(24) JEFFREY B KNIERIM DIRECTOR	0.20	X						0.	0.	0.
(25) DAVID PALMER DIRECTOR	0.20	X						0.	0.	0.
(26) JEREMY J LOWE TREASURER	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								43,631.	0.	0.
d Total (add lines 1b and 1c)								43,631.	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**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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		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		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
NONE		

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2011)

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	1 a Federated campaigns	1a 542,664.				
	b Membership dues	1b				
	c Fundraising events	1c 45,781.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 22,859.				
	g Noncash contributions included in lines 1a-1f \$	29,740.				
	h Total. Add lines 1a-1f		611,304.			
	Program Service Revenue	2 a DESIGN-HANDLING FEE	Business Code 561499	391.	391.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			391.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		24,656.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 188477.				
	b Less: cost or other basis and sales expenses	193388.				
	c Gain or (loss)	<4,911.>				
	d Net gain or (loss)		<4,911.>			<4,911.>
	8 a Gross income from fundraising events (not including \$ 45,781. of contributions reported on line 1c) See Part IV, line 18	a 11,034.				
	b Less: direct expenses	b 28,753.				
	c Net income or (loss) from fundraising events		<17,719.>			<17,719.>
	9 a Gross income from gaming activities See Part IV, line 19	a 39,893.				
	b Less: direct expenses	b 15,800.				
	c Net income or (loss) from gaming activities		24,093.			24,093.
	10 a 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				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		637,814.	391.	0.	26,119.	

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	416,441.	416,441.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	16,811.	16,811.		
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	69,574.	28,246.	15,383.	25,945.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	75,187.	32,315.	23,350.	19,522.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	4,193.	1,757.	1,120.	1,316.
9 Other employee benefits	17,801.	7,460.	4,751.	5,590.
10 Payroll taxes	10,600.	4,438.	2,831.	3,331.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,893.	13,431.	2,342.	2,120.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	19,342.	2,145.	17,197.	
g Other	13,248.	3,982.	822.	8,444.
12 Advertising and promotion	764.	413.	161.	190.
13 Office expenses	11,698.	4,618.	3,649.	3,431.
14 Information technology				
15 Royalties				
16 Occupancy	6,467.	2,709.	1,727.	2,031.
17 Travel	2,460.	580.	464.	1,416.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,112.	466.	297.	349.
20 Interest				
21 Payments to affiliates	8,550.	6,521.	946.	1,083.
22 Depreciation, depletion, and amortization	377.	124.	78.	175.
23 Insurance	3,855.	1,616.	1,028.	1,211.
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 & AWA	9,130.			9,130.
b MISCELLANEOUS	1,785.	724.	546.	515.
c WEBSITE EXPENSE	1,231.	515.	329.	387.
d EQUIPMENT RENTALS & EXP	760.	319.	203.	238.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	709,279.	545,631.	77,224.	86,424.
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 ☐ 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	5,547.	1	6,447.
	2 Savings and temporary cash investments	348,293.	2	374,700.
	3 Pledges and grants receivable, net	316,030.	3	292,961.
	4 Accounts receivable, net	3,419.	4	1,517.
	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	10,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,163.	9	3,896.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,786.		
	b Less accumulated depreciation	10b 31,346.		
		817.	10c	440.
	11 Investments - publicly traded securities	1,966,676.	11	1,950,532.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	296,493.	15	227,414.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	2,940,438.	16	2,867,907.
Liabilities	17 Accounts payable and accrued expenses	32,544.	17	45,976.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	148,279.	25	143,228.
	26 Total liabilities. Add lines 17 through 25	180,823.	26	189,204.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,265,562.	27	2,262,789.
	28 Temporarily restricted net assets	494,053.	28	415,914.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ 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	2,759,615.	33	2,678,703.
	34 Total liabilities and net assets/fund balances	2,940,438.	34	2,867,907.

Form 990 (2011)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	637,814.
2	Total expenses (must equal Part IX, column (A), line 25)	2	709,279.
3	Revenue less expenses. Subtract line 2 from line 1	3	<71,465.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,759,615.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<9,447.>
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	2,678,703.

Part XII Financial Statements and Reporting

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

☒

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		

Form 990 (2011)

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

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?

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

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

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

[illegible]

LHA 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.")	592,819.	533,900.	636,971.	600,748.	611,304.	2,975,742.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	592,819.	533,900.	636,971.	600,748.	611,304.	2,975,742.
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)						584,803.
6 Public support. Subtract line 5 from line 4						2,390,939.

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	592,819.	533,900.	636,971.	600,748.	611,304.	2,975,742.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,553.	37,855.	28,675.	25,540.	24,655.	166,278.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						3,142,020.
12 Gross receipts from related activities, etc. (see instructions)					12	253,107.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	76.10	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	75.71	%
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 ► ☒			
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 ► ☐			
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 ► ☐			
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 ► ☐			
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 ► ☐			

Schedule A (Form 990 or 990-EZ) 2011

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.")						
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 year 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 ☐

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 ☐

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 THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

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).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ 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

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 ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements. Complete if 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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,835,852.	1,661,263.	1,286,197.	1,711,360.	
b Contributions	65,376.	68,181.	66,444.	60,194.	
c Net investment earnings, gains, and losses	9,877.	204,281.	407,940.	<377,227.>	
d Grants or scholarships					
e Other expenditures for facilities and programs	77,467.	79,098.	81,490.	87,420.	
f Administrative expenses	19,117.	18,775.	17,828.	20,710.	
g End of year balance	1,814,521.	1,835,852.	1,661,263.	1,286,197.	

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

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

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

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

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		20,939.	20,500.	439.
e Other		10,847.	10,846.	1.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				440.

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		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶**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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) CHARITABLE LEAD UNITRUST - SPLIT INTEREST	227,414.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	227,414.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO DESIGNATED AGENCIES	143,228.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	143,228.

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	637,814.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	709,279.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<71,465.>
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	<9,447.>
9	Total adjustments (net) Add lines 4 through 8	9	<9,447.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<80,912.>

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	609,025.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<9,447.>
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	<9,447.>
3	Subtract line 2e from line 1	3	618,472.
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	19,342.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	19,342.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	637,814.

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

1	Total expenses and losses per audited financial statements	1	689,937.
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	689,937.
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	19,342.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	19,342.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	709,279.

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: THE INTENDED USE OF THE AGENCY'S QUASI-ENDOWMENT FUNDS

IS TO SUPPORT THE LONG-TERM MISSION OF THE AGENCY; PART OF THE

QUASI-ENDOWMENT FUND IS RESTRICTED TO USE IN WEST VIRGINIA.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED INVESTMENT GAIN - TEMP RESTRICTED -6,696.

UNREALIZED INVESTMENT GAIN - UNRESTRICTED -2,751.

TOTAL TO SCHEDULE D, PART XI, LINE 8 -9,447.

Part XIV Supplemental Information (continued)

PART XI, LINE 8: THE AMOUNT REPRESENTS UNREALIZED GAINS ON INVESTMENTS.

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

Open To Public Inspection

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

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.

- a** ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- ☐ 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

[illegible]

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

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 NIGHT AT THE REVERSE RACES (event type)	(b) Event #2 RAFFLE DINNER (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue				
1 Gross receipts	30,930.	15,330.	10,555.	56,815.
2 Less Charitable contributions	23,405.	12,650.	9,726.	45,781.
3 Gross income (line 1 minus line 2)	7,525.	2,680.	829.	11,034.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes			865.	865.
6 Rent/facility costs				
7 Food and beverages	7,848.	5,932.	2,656.	16,436.
8 Entertainment		180.	180.	360.
9 Other direct expenses	10,405.		687.	11,092.
10 Direct expense summary Add lines 4 through 9 in column (d)				(28,753)
11 Net income summary Combine line 3, column (d), and line 10				<17,719.>

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			39,893.	39,893.
Direct Expenses				
2 Cash prizes			10,733.	10,733.
3 Noncash prizes			4,495.	4,495.
4 Rent/facility costs				
5 Other direct expenses			572.	572.
6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☒ Yes 100.00 % ☐ No	
7 Direct expense summary Add lines 2 through 5 in column (d)				(15,800)
8 Net gaming income summary Combine line 1, column d, and line 7				24,093.

9 Enter the state(s) in which the organization operates gaming activities **WV**

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 | | % |
| b | An outside facility | | % |
| 13a | | | % |
| 13b | | 100.00 | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |

Name ► PAM NEIDER

Address ► 51 11TH STREET - WHEELING, WV 26003

- 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 ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party _____

Name _____

Address

16 Gaming manager information

Name

Gaming manager compensation ► \$ _____

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 ► \$

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 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, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number
55-0479446

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 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. 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. ▶ ☐

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
BIG BROTHERS/BIG SISTERS OF THE UPPER OHIO VALLEY - 3539 JACOB STREET - WHEELING, WV 26003	23-7058596	501(C)(3)	34,971.	0.			TO SUPPORT YOUTH/RECREATION SERVICES
CATHOLIC CHARITIES WEST VIRGINIA 1218 EOFF STREET WHEELING, WV 26003	55-0391262	501(C)(3)	28,163.	0.			TO PROVIDE ASSISTANCE FOR BASIC SUBSISTENCE
FAMILY SERVICES OF THE UPPER OHIO VALLEY - 51-11TH STREET - WHEELING, WV 26003	55-0357074	501(C)(3)	59,311.	0.			TO PROVIDE ASSISTANCE FOR BASIC SUBSISTENCE
SEXUAL ASSAULT HELP CENTER PO BOX 6764 WHEELING, WV 26003	55-0616563	501(C)(3)	8,478.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION SERVICES
INFORMATION HELPLINE 51-11TH STREET WHEELING, WV 26003	55-0552045	501(C)(3)	39,172.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION SERVICES
SALVATION ARMY - BELMONT COUNTY 315 37TH STREET BELLAIRE, OH 43906	13-5562351	501(C)(3)	24,099.	0.			TO PROVIDE DISASTER AND EMERGENCY ASSISTANCE

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

30

Schedule I (Form 990) (2011)

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
SALVATION ARMY -MARSHALL COUNTY 700 JEFFERSON AVE MOUNDSVILLE, WV 26041	52-0591457	501(C)(3)	24,179.	0.			TO PROVIDE DISASTER AND EMERGENCY ASSISTANCE
SALVATION ARMY -OHIO COUNTY 140 16TH STREET WHEELING, WV 26003	52-0591457	501(C)(3)	30,369.	0.			TO PROVIDE DISASTER AND EMERGENCY ASSISTANCE
AMERICAN RED CROSS RIVER VALLEY CHAPTER - 193 29TH STREET - WHEELING, WV 26003	55-0284240	501(C)(3)	26,377.	0.			TO SUPPORT DISASTER AND EMERGENCY ASSISTANCE
RUSSELL NESBITT SERVICES 431 FULTON STREET WHEELING, WV 26003	55-0452151	501(C)(3)	5,210.	0.			TO PROVIDE ASSISTANCE FOR CRISIS INTERVENTION, EDUCATION, AND REHABILITATION
WHEELING AREA TRAINING CENTERED FOR THE HANDICAPPED (WATCH) - 2600 MAIN STREET - WHEELING, WV 26003	31-0922320	501(C)(3)	5,013.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION, EDUCATION
WHEELING HEALTH RIGHT 61 29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)	54,798.	0.			TO PROVIDE ASSISTANCE FOR BASIC SUBSISTENCE
BOY SCOUTS OF AMERICA PO BOX 6186 WHEELING, WV 26003	55-0357014	501(C)(3)	5,873.	0.			TO SUPPORT YOUTH AND RECREATION SERVICES
GIRL SCOUTS OF AMERICA 586 NATIONAL ROAD WHEELING, WV 26003	55-0420373	501(C)(3)	3,451.	0.			TO SUPPORT YOUTH AND RECREATION SERVICES
COMMUNITY CHILD CARE CENTER 111 N YORK ST WHEELING, WV 26003	55-0583675	501(C)(3)	8,148.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION, EDUCATION, AND REHABILITATION

Schedule I (Form 990)

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
YMCA 55 LOUNEZ AVE WHEELING, WV 26003	55-0357071	501(C)(3)	13,476.	0.			TO PROVIDE YOUTH AND RECREATION SERVICES
YWCA 1100 CHAPLINE STREET WHEELING, WV 26003	55-0357063	501(C)(3)	19,951.	0.			TO PROVIDE ASSISTANCE FOR BASIC SUBSISTENCE
HARMONY HOUSE 2000 EOFF STREET WHEELING, WV 26003	20-3135260	501(C)(3)	1,208.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION, EDUCATION, AND REHABILITATION
SEEING HAND ASSOCIATION 750 MAIN STREET WHEELING, WV 26003	55-0284240	501(C)(3)	4,011.	0.			TO PROVIDE ASSISTANCE IN CRISIS INTERVENTION, EDUCATION, AND REHABILITATION
BROOKE COMMITTEE ON AGING, INC. 948 MAIN STREET FOLLANSBEE, WV 26037	55-0516908	501(C)(3)	6,097.	0.			TO PROVIDE TRANSPORTATION, ACTIVITIES, AND SERVICES TO SENIOR CITIZENS IN ENCOURAGES LIFELONG LEARNING, INDIVIDUAL EMPOWERMENT, CIVIC ENGAGEMENT AND AN
WV LIBRARY COMMISSION SCIENCE & CULTURAL CENTER BROOKE CO - 845 MAIN STREET - WELLSBURG, WV 26070	55-0451753	501(C)(3)	5,477.	0.			IMPROVE WELL-BEING, DECREASE HEALTHCARE COSTS, ENHANCE PERFORMANCE AND GENERATE
HEALTHWAYS 701 COOL SPRINGS BLVD FRANKLIN, TN 37067	55-0524964	501(C)(3)	4,610.	0.			
SALVATION ARMY - BROOKE COUNTY 794 COVE ROAD WEIRTON, WV 26062	52-0591457	501(C)(3)	3,998.	0.			TO PROVIDE DISASTER AND EMERGENCY ASSISTANCE

Schedule I (Form 990)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE PROVIDED TO INDIVIDUALS FOR EMERGENCY SERVICES	179	16,811.	0.		

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANTS ARE MADE TO PARTNER/MEMBER AGENCIES, WHO
APPLY TO THE UNITED WAY TO RECEIVE THIS STATUS. ANNUALLY, THE UNITED WAY
FORMS ALLOCATION PANELS, COMPOSED OF BOARD MEMBERS AND OTHER INTERESTED
COMMUNITY MEMBERS, WHO VISIT EACH MEMBER AGENCY TO GAIN UNDERSTANDING OF
THE PROGRAM SERVICES THAT EACH OFFERS TO THE COMMUNITY. THEY REVIEW THE
ALLOCATION GRANT REQUEST THAT THE AGENCY HAS SUBMITTED FOR FUNDING IN THE
FOLLOWING YEAR AND THEN MAKE RECOMMENDATIONS TO THE FULL ALLOCATION PANEL.
THE ALLOCATION PANEL SUBMITS A RECOMMENDATION TO THE BOARD OF DIRECTORS
REGARDING THE GRANT AMOUNT FOR EACH MEMBER AGENCY. THE BOARD OF DIRECTORS

Part IV Supplemental Information

MAKES THE FINAL DECISION ON THE GRANT AMOUNTS. DURING THE YEAR, EACH MEMBER AGENCY SUBMITS A MONTHLY FINANCIAL REPORT, AS WELL AS COPIES OF THEIR AUDITS AND/OR FORM 990 TAX RETURNS, TO THE UNITED WAY, PRIOR TO RECEIVING THEIR MONTHLY ALLOCATION PAYMENTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BROOKE COMMITTEE ON AGING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE TRANSPORTATION, ACTIVITIES, AND SERVICES TO SENIOR CITIZENS IN BROOKE CO.

NAME OF ORGANIZATION OR GOVERNMENT:

WV LIBRARY COMMISSION SCIENCE & CULTURAL CENTER BROOKE CO

(H) PURPOSE OF GRANT OR ASSISTANCE: ENCOURAGES LIFELONG LEARNING, INDIVIDUAL EMPOWERMENT, CIVIC ENGAGEMENT AND AN ENRICHED QUALITY OF LIFE BY ENHANCING LIBRARY AND INFORMATION SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: HEALTHWAYS

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVE WELL-BEING, DECREASE HEALTHCARE COSTS, ENHANCE PERFORMANCE AND GENERATE ECONOMIC VALUE FOR OUR CUSTOMERS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e g , maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to
establish compensation of the CEO/Executive Director. Explain in Part III

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of.

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	(i)						
	(ii)						
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	100	5,940.	MEAN FAIR MARKET VAL
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>DONATED ADVER</u>)	X	375	10,000.	FAIR MARKET VALUE
26 Other ► (<u>DONATED DINNE</u>)	X	363	8,440.	FAIR MARKET VALUE
27 Other ► (<u>DONATED PRIZE</u>)	X	10	5,360.	FAIR MARKET VALUE
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2011)

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 THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OF THE UPPER OHIO VALLEY, INC. THIS IS PRIMARILY ACHIEVED BY

FUNDRAISING FOR COMMUNITY SERVICE MEMBER ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH/RECREATION - ALLOCATIONS TO AGENCIES PROVIDING COUNSELING &

RECREATIONAL ACTIVITIES & OPPORTUNITIES TO YOUTH: SERVING 27,962

PERSONS.

EXPENSES \$ 75,693. INCLUDING GRANTS OF \$ 57,771. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: GENERALLY EACH COMMITTEE APPROVED

MATTERS AND PRESENTS TO BOARD OF DIRECTORS FOR THEIR FINAL APPROVAL.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRECTORS REVIEWED AND
APPROVED FORM 990 AT THEIR SEPTEMBER, 2012 MEETING, BEFORE THE AGENCY FILED
FORM 990 WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE AGENCY ANNUALLY REQUIRES ITS
BOARD MEMBERS TO COMPLETE AND CERTIFY ITS CONFLICT OF INTEREST POLICY. IF
ANY CONFLICT OF INTEREST ARISES WITH A BOARD MEMBER, THEN THE MEMBER IS
PRECLUDED FROM VOTING ON THE MATTER.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR ALL 5 EMPLOYEES
INCLUDING EXECUTIVE DIRECTOR ARE REVIEWED AND APPROVED BY THE BOARD OF
DIRECTORS ANNUALLY. DECISION IS GENERALLY BASED ON CAMPAIGN GOALS, BUDGET
NEEDS AND CURRENT ECONOMIC ENVIRONMENT.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211
01-23-12

Name of the organization

UNITED WAY OF THE UPPER OHIO VALLEY, INC

Employer identification number

55-0479446

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST AT THEIR OFFICE AT 51 11TH STREET,
WHEELING, WV 26003.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

UNREALIZED INVESTMENT GAIN - TEMP RESTRICTED -6,696.

UNREALIZED INVESTMENT GAIN - UNRESTRICTED -2,751.

TOTAL TO FORM 990, PART XI, LINE 5 -9,447.

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTS
THE INDEPENDENT AUDITORS.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

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

Lined area for supplemental information.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) STEVEN MARTINO DIRECTOR	0.20	X						0.	0.	0.
(28) HOLLY PLANINSIC DIRECTOR	0.20	X						0.	0.	0.
(29) JAY PRAGER DIRECTOR	0.20	X						0.	0.	0.
(30) BERNIE ALBERTINI DIRECTOR	0.20	X						0.	0.	0.
(31) DARLENE CORTEZ DIRECTOR	0.20	X						0.	0.	0.
(32) RODNEY HALEY DIRECTOR	0.20	X						0.	0.	0.
(33) GEORGE E SMOULDER EXECUTIVE DIRECTOR	40.00			X				43,631.	0.	0.
Total to Part VII, Section A, line 1c								43,631.		

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	UNITED WAY OF THE UPPER OHIO VALLEY, INC	☒ 55-0479446
	Number, street, and room or suite no. If a P.O. box, see instructions	Social security number (SSN)
	51 11TH STREET	☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WHEELING, WV 26003	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

GEORGE E SMOULDER

- The books are in the care of ☒ 51 11TH STREET - WHEELING, WV 26003

Telephone No. ☒ 304-232-4625

FAX No. ☒ 304-232-3370

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until FEBRUARY 15, 2013

5 For calendar year _____, or other tax year beginning APR 1, 2011, and ending MAR 31, 2012

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐

Title ☐

Date ☐

Form 8868 (Rev. 1-2012)