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CISTNRK8Y9

Form 990

## 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)

20203

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning Apr 1, 2011, and ending Mar 31, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>United Way of Chittenden County, Inc.</b>		D Employer identification number <b>03-0217229</b>
	Doing Business As		E Telephone number <b>(802) 864-7541</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>412 Farrell Street 200</b>		
	City, town or country State ZIP code + 4 <b>South Burlington VT 05403-4466</b>		
	F Name and address of principal officer: <b>Martha Maksym 412 Farrell Street #200 South Burlington VT 05403-4466</b>		G Gross receipts \$ <b>5,225,136.</b>
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If 'No,' attach a list (see instructions)	
J Website: <b>www.unitedwaycc.org</b>		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: <b>1971</b> M State of legal domicile: <b>VT</b>	

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>Founded in 1942 and incorporated in 1971, United Way of Chittenden County (UWCC) advances the common good by creating opportunities for a better way of life for all, focusing on Education, Income and Health - the building blocks of a better quality of life. See Page 2 for additional information on UWCC's mission and activities.</b>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>40</b>
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>15</b>
	6 Total number of volunteers (estimate if necessary)	<b>1,626</b>
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
	b Net unrelated business taxable income from Form 990-T, line 34	<b>0.</b>
	8 Contributions and grants (Part VIII, line 1h)	<b>4,903,425.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>134,481.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>62,174.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>44,320.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,085,010.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,566,504.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,313,466.</b>
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>
	b Total fundraising expenses (Part IX, column (D), line 25)	<b>544,633.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>479,793.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,489,568.</b>
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	<b>657,526.</b>
	20 Total assets (Part X, line 16)	<b>6,238,640.</b>
	21 Total liabilities (Part X, line 26)	<b>761,587.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>5,477,053.</b>

## Part II Signature Block

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

Sign Here	Signature of officer <i>Martha Maksym</i>	Date <b>9/19/12</b>
	Type or print name and title <b>Martha Maksym Executive Director</b>	
Paid Preparer Use Only	Print/Type preparer's name <b>Wallace W. Tapia, CPA</b>	Preparer's signature <i>Wallace W. Tapia, CPA</i>
	Firm's name <b>Wallace W Tapia PC</b>	Date <b>Sept. 14, 2012</b>
	Firm's address <b>131 Main St 8th Fl Burlington VT 05401</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00070404</b>
		Firm's EIN <b>03-0217229</b> Phone no. <b>(802) 863-6370</b>

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

☒ Yes ☐ No

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

TEEA0101 07/05/11

Form 990 (2011)

DO NOT CORRESPOND FOR SIGNATURE CIS CASE

548 505

SCANNED NOV 06 2012  
SEP 19 2012  
ENVELOPE  
POSTMARK DATE

11/6/12

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

UWCC fulfills its mission of "building a stronger Chittenden County by mobilizing our community to improve people's lives" in the following ways:

See Form 990, Page 2, Part III, Line 1 (continued)

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,456,691. including grants of \$ 2,021,089.) (Revenue \$ 24,686.)

Community Impact: For many years, United Way of Chittenden County funded agency programs which provided direct services to community members who needed them. However, a new model for determining which programs to fund was implemented in 2007. Funding decisions are now based on a set of target outcomes which were identified through a comprehensive community participation process. Working in three "impact areas," Education, Income, and Health, teams of community volunteers review applications for support and recommend specific amounts of program funding based on criteria that include alignment with desired outcomes, program quality, program outcomes and the

See Form 990, Page 2, Part III, Line 4a (continued)

**4b** (Code: ) (Expenses \$ 539,415. including grants of \$ 539,415.) (Revenue \$ 0.)

Donor Designations Pass-Throughs: In our annual community fundraising campaign, and true to our mission to mobilize the community to improve people's lives, we provide the opportunity for donors to support other nonprofit organizations including United Ways within the state and nationally. As a courtesy to our donors, we process those donor designations without assessing a fee or keeping a percentage. However, all agencies receiving donor designations must annually verify compliance with provisions of the USA Patriot Act and verify they are an agency in good standing as an IRS Code Section 501(c)(3) nonprofit organization.

**4c** (Code: ) (Expenses \$ 554,750. including grants of \$ 6,000.) (Revenue \$ 0.)

Volunteer Mobilization: In addition to investing financial resources in strategic programs, United Way of Chittenden County operates the Volunteer Connection, a comprehensive volunteer action center which supports our mission to mobilize the community and improve people's lives through service.

The focus of the Volunteer Connection is to provide meaningful volunteer opportunities to individuals, businesses and groups, while providing nonprofit organizations with volunteer management assistance, consultation and training support. Typically over 400 volunteer

See Form 990, Page 2, Part III, Line 4c (continued)

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

(Expenses \$ 91,837. including grants of \$ 0.) (Revenue \$ 109,795.)

**4e** Total program service expenses **▶** 3,642,693.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

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

BAA

Form 990 (2011)

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

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 7		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 46		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		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.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
 ▶ Susan Pelkey Smith    413 Ferrell Street Suite 9200 South Burlington VT 05403    (802) 864-7541

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) <u>Gretchen Morse</u> E.D. - Jan '11 - Jun '11	40.00			X				57,371.	0.	4,358.
(2) <u>Martha Maksym</u> E.D. - Jul '11 - Dec '11	40.00			X				66,705.	0.	18,471.
(3) <u>Susan Pelkey Smith</u> Director of Fin. & Operations	40.00			X				60,232.	0.	14,971.
(4) <u>Theresa Alberghini DiPalma</u> President	4.00	X		X				0.	0.	0.
(5) <u>Charlotte Ancel</u> Vice-President	4.00	X		X				0.	0.	0.
(6) <u>Paul J. Macuga</u> Treasurer	4.00	X		X				0.	0.	0.
(7) <u>Michael Green</u> Secretary	4.00	X		X				0.	0.	0.
(8) <u>Dan Balon</u> Director	2.00	X						0.	0.	0.
(9) <u>Mike Boardman</u> Director	2.00	X						0.	0.	0.
(10) <u>Dawn Bugbee</u> Director	2.00	X						0.	0.	0.
(11) <u>Susan Bintlage</u> Director	2.00	X						0.	0.	0.
(12) <u>Rosalea W. Bradley</u> Director	2.00	X						0.	0.	0.
(13) <u>Ted Castle</u> Director	2.00	X						0.	0.	0.
(14) <u>Paula L. Cope</u> Director	2.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) <u>Scott Hadley</u> Director	2.00	X						0.	0.	0.
(16) <u>Michell Langlais</u> Director	2.00	X						0.	0.	0.
(17) <u>Erica Dean</u> Director	2.00	X						0.	0.	0.
(18) <u>Barbara L. Grimes</u> Director	2.00	X						0.	0.	0.
(19) <u>Scott Johnstone</u> Director	2.00	X						0.	0.	0.
(20) <u>Pamela K. Mackenzie</u> Director	2.00	X						0.	0.	0.
(21) <u>Peter McCoy</u> Director	2.00	X						0.	0.	0.
(22) <u>Jaffrey J. McMahan</u> Director	2.00	X						0.	0.	0.
(23) <u>Eileen M. Simollardes</u> Director	2.00	X						0.	0.	0.
(24) <u>Brett Smith</u> Director	2.00	X						0.	0.	0.
(25) <u>Michael Tuttle</u> Director	2.00	X						0.	0.	0.
<b>1b Sub-total</b> .....								<b>184,308.</b>	<b>0.</b>	<b>37,800.</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>184,308.</b>	<b>0.</b>	<b>37,800.</b>

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

**3** Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>0</b>		

**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
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns .....	1a 13,217.				
	b Membership dues .....	1b 0.				
	c Fundraising events .....	1c 0.				
	d Related organizations .....	1d 0.				
	e Government grants (contributions) .....	1e 287,866.				
	f All other contributions, gifts, grants, and similar amounts not included above .....	1f 4,029,415.				
	g Noncash contributions included in lns 1a-1f: \$	107,694.				
	<b>h Total. Add lines 1a-1f</b> .....		4,330,498.			
<b>PROGRAM SERVICE REVENUE</b>	Business Code					
	2a Consulting & Other Prog. Svc. Rev.	900099	109,795.	109,795.	0.	0.
	b Fiscal Agency Fees	900099	24,686.	24,686.	0.	0.
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b> .....		134,481.			
<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts) .....		48,776.	0.	0.	48,776.
	4 Income from investment of tax-exempt bond proceeds .....					
	5 Royalties .....					
	6a Gross rents .....	(i) Real (ii) Personal				
	b Less: rental expenses .....					
	c Rental income or (loss) .....					
	d Net rental income or (loss) .....					
	7a Gross amount from sales of assets other than inventory .....	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses .....					
	c Gain or (loss) .....					
	d Net gain or (loss) .....		13,398.	0.	0.	13,398.
	8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18 .....	a				
	b Less: direct expenses .....	b				
	c Net income or (loss) from fundraising events .....					
	9a Gross income from gaming activities. See Part IV, line 19 .....	a				
	b Less: direct expenses .....	b				
	c Net income or (loss) from gaming activities .....					
	10a Gross sales of inventory, less returns and allowances .....	a				
b Less: cost of goods sold .....	b					
c Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code				
11a Annual Dinner	900099	28,515.	0.	0.	28,515.	
b Miscellaneous Income	900099	15,805.	0.	0.	15,805.	
c						
d All other revenue .....						
<b>e Total. Add lines 11a-11d</b> .....		44,320.				
<b>12 Total revenue. See instructions</b> .....		4,571,473.	134,481.	0.	106,494.	

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Form 990 (2011)

048,005

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,566,504.	2,566,504.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0.	0.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	208,690.	55,260.	125,376.	28,054.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	875,939.	515,774.	89,369.	270,796.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	45,622.	26,948.	4,744.	13,930.
9 Other employee benefits	105,777.	63,726.	8,989.	33,062.
10 Payroll taxes	77,438.	41,731.	14,205.	21,502.
11 Fees for services (non-employees):				
a Management	0.	0.	0.	0.
b Legal	0.	0.	0.	0.
c Accounting	9,900.	0.	9,900.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	13,072.	0.	13,072.	0.
g Other	116,676.	80,895.	4,742.	31,039.
12 Advertising and promotion	0.	0.	0.	0.
13 Office expenses	83,663.	53,208.	4,227.	26,228.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	19,965.	12,791.	1,100.	6,074.
17 Travel	13,373.	7,785.	807.	4,781.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	57,135.	14,704.	1,525.	40,906.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	39,274.	12,804.	10,530.	15,940.
22 Depreciation, depletion, and amortization	40,958.	21,218.	3,013.	16,727.
23 Insurance	13,239.	6,179.	3,821.	3,239.
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 <u>Volunteer expenses</u>	32,781.	32,781.	0.	0.
b <u>Public relations &amp; printing</u>	48,008.	23,888.	186.	23,934.
c <u>Stipends</u>	90,139.	90,139.	0.	0.
d <u>Miscellaneous</u>	31,415.	16,358.	6,636.	8,421.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,489,568.	3,642,693.	302,242.	544,633.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.	0.	0.	0.

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	1 Cash — non-interest-bearing .....	441,592.	1	377,387.
	2 Savings and temporary cash investments .....	750,380.	2	774,357.
	3 Pledges and grants receivable, net .....	2,247,852.	3	2,005,789.
	4 Accounts receivable, net .....		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	45,725.	9	50,299.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1,071,501.		
	b Less: accumulated depreciation .....	10b 332,261.	770,765.	10c 739,240.
	11 Investments — publicly traded securities .....	1,931,854.	11	2,190,753.
	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 .....	50,472.	15	84,332.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	6,238,640.	16	6,222,157.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses .....	137,227.	17	180,640.
	18 Grants payable .....		18	
	19 Deferred revenue .....	0.	19	9,978.
	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 .....	624,360.	25	434,327.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	761,587.	26	624,945.
<b>NET ASSETS OR FUND BALANCES</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets .....	1,361,998.	27	1,478,440.
	28 Temporarily restricted net assets .....	3,764,910.	28	3,767,350.
	29 Permanently restricted net assets .....	350,145.	29	351,422.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	5,477,053.	33	5,597,212.
	34 <b>Total liabilities and net assets/fund balances</b> .....	6,238,640.	34	6,222,157.

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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	4,571,473.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,489,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	81,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,477,053.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	38,254.
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	5,597,212.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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	X	
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
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		

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Form 990 (2011)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

United Way of Chittenden County, Inc.

Employer identification number

03-0217229

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') .....	4,786,847.	4,707,989.	4,639,588.	4,903,425.	4,330,498.	23,368,347.
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 .....	4,786,847.	4,707,989.	4,639,588.	4,903,425.	4,330,498.	23,368,347.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						0.
6 Public support. Subtract line 5 from line 4 .....						23,368,347.

**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 .....	4,786,847.	4,707,989.	4,639,588.	4,903,425.	4,330,498.	23,368,347.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	215,492.	86,070.	52,389.	50,597.	48,776.	453,324.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	0.	0.	75,581.	62,946.	44,320.	182,847.
11 Total support. Add lines 7 through 10 .....						24,004,518.
12 Gross receipts from related activities, etc (see instructions) .....					12	134,481.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	97.35 %
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	96.86 %
16a 33-1/3% support test - 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b 33-1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

BAA

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 yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

**Section B. Total Support**

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

- 19a **33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- b **33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



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

2007: 0.

2008: 0.

2009: 75581.

2010: 62946.

2011: 15805.

Description: Annual Dinner

2007: 0.

2008: 0.

2009: 0.

2010: 0.

2011: 28515.

# 2011

Name of the Organization

Employer Identification number

United Way of Chittenden County, Inc.

03-0217229

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

[illegible]

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

Name of the organization

**Supplemental Financial Statements**

► Complete if the organization answered 'Yes' to Form 990,  
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011****Open to Public  
Inspection**

Employer identification number

**United Way of Chittenden County, Inc.****03-0217229****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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 ► \$

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

TEEA3301 05/25/11

Schedule D (Form 990) 2011

943 005

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	375,890.	335,685.	300,435.	300,435.	
b Contributions	2,000.	10,224.	0.	0.	
c Net investment earnings, gains, and losses	25,396.	32,459.	35,250.	0.	
d Grants or scholarships	0.	0.	0.	0.	
e Other expenditures for facilities and programs	0.	0.	0.	0.	
f Administrative expenses	2,726.	2,478.	0.	0.	
g End of year balance	400,560.	375,890.	335,685.	300,435.	

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

a Board designated or quasi-endowment ▶ 0.00 %

b Permanent endowment ▶ 22.00 %

c Temporarily restricted endowment ▶ 78.00 %

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	0.	0.		0.
b Buildings	0.	867,095.	146,521.	720,574.
c Leasehold improvements	0.	0.	0.	0.
d Equipment	0.	188,877.	184,807.	4,070.
e Other	0.	15,529.	933.	14,596.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				739,240.

BAA

Schedule D (Form 990) 2011

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>Allocations &amp; designations payable</b>	<b>434,327.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	<b>434,327.</b>

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	4,571,473.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,489,568.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	81,905.
4	Net unrealized gains (losses) on investments	37,179.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	1,075.
9	Total adjustments (net). Add lines 4 through 8	38,254.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	120,159.

**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	4,123,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	37,179.
b	Donated services and use of facilities	2b	65,807.
c	Recoveries of prior year grants	2c	0.
d	Other (Describe in Part XIV.)	2d	1,075.
e	Add lines 2a through 2d	2e	104,061.
3	Subtract line 2e from line 1	3	4,018,986.
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	13,072.
b	Other (Describe in Part XIV.)	4b	539,415.
c	Add lines 4a and 4b	4c	552,487.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,571,473.

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

1	Total expenses and losses per audited financial statements	1	4,002,888.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	65,807.
b	Prior year adjustments	2b	0.
c	Other losses	2c	0.
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	65,807.
3	Subtract line 2e from line 1	3	3,937,081.
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	13,072.
b	Other (Describe in Part XIV.)	4b	539,415.
c	Add lines 4a and 4b	4c	552,487.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,489,568.

**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.

**Pt XI Line 8** Change in Beneficial Interest in Assets Held by Others ("BIAHBO").

**Pt XII Line 4b** Donor designations netted on the audited financial statements.

**Pt XII Line 2d** See Pt XI Line 8 description above.

**Pt XIII Line 4b** See Pt XII Line 4b description above.

**Part XIV** Supplemental Information (continued)

Pt V Line 4 Earnings from the organization's endowment funds are  
available to operations at the discretion of the board  
of directors.

Pt X "The Organization believes it has appropriate support for  
any tax positions taken, and as such, does not have any  
"uncertain tax positions" that are material to the  
financial statements."

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**United Way of Chittenden County, Inc.**  
**Part I General Information on Grants and Assistance**

Employer identification number  
**03-0217229**

**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?

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

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

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Cancer Society N 55 Day Lane Williston VT 05495	23-7040934	501(c)(3)	8,632.				Donor Designat
(2) Assoc. of Africans Living 119 Elmwood Avenue Burlington VT 05401	03-0371003	501(c)(3)	16,840.				Program/DD
(3) Boys & Girls Club of Burl 62 Oak Street Burlington VT 05401	03-0179307	501(c)(3)	98,760.				Program/DD
(4) Burlington Children's Spa 241 No. Winoski Ave. Burlington VT 05401	22-2533646	501(c)(3)	45,539.				Program/DD
(5) Burlington Supportive Hou 65 Main Street Burlington VT 05401	20-1308308	501(c)(3)	16,000.				Program Grant
(6) Champlain Community Servi 512 Troy Avenue #1 Colchester VT 05446	03-6015899	501(c)(3)	47,052.				Program/DD
(7) Champlain Senior Center 241 No. Winoski Ave. Burlington VT 05401	23-7056383	501(c)(3)	27,695.				Program/DD
(8) Champlain Valley Agency o 76 Pearl Street #201 Essex Jct. VT 05452	02-2474636	501(c)(3)	73,961.				Program/DD

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ... **37**

**3** Enter total number of other organizations listed in the line 1 table ... **0**

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

TEEA3901 06/01/11

Schedule I (Form 990) (2011)



# Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 1 of 3

Name of the organization		Employer identification number					
03-0217229							
United Way of Chittenden County, Inc.							
Part II Continuation of Grants 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
Champlain Valley ORO 191 North Street Burlington VT 05401	03-0216837	501(c)(3)	126,070.				Program/DD
Child Care Resources 181 Commerce Street Williston VT 05495	03-0301330	501(c)(3)	19,237.				Program/DD
Committee on Temporary Sh 179 So. Winoski Ave. Burlington VT 05401	03-0285303	501(c)(3)	154,443.				Program/DD
Community Health Center 617 Riverside Ave. Burlington VT 05401	23-7182584	501(c)(3)	90,287.				Program/DD
Dismas of Vermont, Inc. 194 Old Country Road Weston VT 05161	23-7376100	501(c)(3)	21,238.				Program/DD
Franklin/Grand Isle Unite 48 Lower Newton Street St. Albans VT 05478	03-0273929	501(c)(3)	44,909.				Donor Designat
Granite United Way 22 Concord St., 2nd Floor Manchester NH 03101	02-6006033	501(c)(3)	7,339.				Donor Designat
Greater Burlington YMCA 266 College Street Burlington VT 05401	03-0185810	501(c)(3)	81,093.				Program/DD
Green Mountain United Way 963 Paine Turnpike No. #2 Montpelier VT 05602	03-0261384	501(c)(3)	26,490.				Donor Designat
HomeShare Vermont 412 Farrell Street #300 So. Burlington VT 05403	13-4287957	501(c)(3)	57,911.				Program/DD

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

# Continuation Sheet for Schedule I (Form 990)

2011

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

Continuation Page 2 of 3

Name of the organization		Employer identification number					
United Way of Chittenden County, Inc.		03-0217229					
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
HowardCenter 208 Flynn Avenue #3J Burlington VT 05401	03-0179433	501(c)(3)	347,020.				Program/DD
KidSafe Collaborative 308 Pine Street Burlington VT 05401	03-0303867	501(c)(3)	25,192.				Program/DD
King Street Center 87 King Street Burlington VT 05401	02-3726312	501(c)(3)	90,256.				Program/DD
Local Motion 1 Steele Street #103 Burlington VT 05401	03-0361422	501(c)(3)	5,338.				Donor Designat
Lund Family Center P.O. Box 4009 Burlington VT 05406	03-0179434	501(c)(3)	109,769.				Program/DD
Milton Family Community C P.O. Box 619 Milton VT 05468	03-0309155	501(c)(3)	42,554.				Program/DD
Prevent Child Abuse - VT 94 Main Street 3rd Floor Montpelier VT 05601	03-0267183	501(c)(3)	22,848.				Program/DD
Resource 266 Pine Street Burlington VT 05401	03-0326293	501(c)(3)	35,049.				Program/DD
Sara Holbrook Community C 66 North Avenue Burlington VT 05401	03-0179595	501(c)(3)	111,532.				Program/DD
Spectrum Youth & Family S 31 Elmwood Avenue Burlington VT 05401	03-0253232	501(c)(3)	111,232.				Program/DD

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

# Continuation Sheet for Schedule I (Form 990)

2011

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

Name of the organization		Continuation Page 3 of 3	
United Way of Chittenden County, Inc.		Employer identification number	
03-0217229		03-0217229	

## 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
The Dream Program 87 Elm Street Winooski VT 05404	26-0030908	501(c)(3)	19,794.				Program/DD
The Heineberg Senior Cent 14 Heineberg Road Burlington VT 05408	03-0224108	501(c)(3)	20,000.				Program Grant
United Way of Addison Cou 2 Court Street Middlebury VT 05753	03-0221018	501(c)(3)	23,612.				Donor Designat
United Way of Lamoille Co 20 Morrisville Plaza #B Morrisville VT 05661	22-2774485	501(c)(3)	9,916.				Donor Designat
United Way of Rutland Cou 6 Church Street Rutland VT 05701	03-6000224	501(c)(3)	8,244.				Donor Designat
United Ways of VT, Inc. P.O. Box 111 Essex Jct. VT 05403	30-0192082	501(c)(3)	54,626.				Program Grant
Vermont Works for Women 32 Malletts Bay Avenue Winooski VT 05404	22-2894557	501(c)(3)	43,224.				Program/DD
Visiting Nurse Associatio 1110 Prim Road Colchester VT 05446	22-2586282	501(c)(3)	251,965.				Program/DD
Women Helping Battered Wo 279 No. Winooski Ave. Burlington VT 05401	03-0283657	501(c)(3)	130,401.				Program/DD

TEEA4001 08/25/11

Schedule I Cont (Form 990) 2011

**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
1					
2					
3					
4					
5					
6					
7					
<b>Part IV</b> <b>Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.					

Pt. I Line 2 Program Operating Costs are restricted grants made to an agency in support  
of the costs associated with a specific program that it operates.  
Agencies receiving grants undergo an intensive review annually as part  
of their application for funding. In a thorough explanation of how they  
plan to use the current year's program funding (and how they did use  
the prior year's award), the applicant must provide specific performance  
measures in three areas:  
\* outputs of the program (e.g., numbers of peoples served, number of  
hours provided, anything that is meaningful to describe the scope of  
their work);

See Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

BAA

Schedule I (Form 990) (2011)

**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 Chittenden County, Inc.**

Employer identification number

**03-0217229**

**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	<b>X</b>	<b>38</b>	<b>107,694.</b>	<b>Average Share Price</b>
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 ► ( )				
26 Other ► ( )				
27 Other ► ( )				
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		<b>X</b>
31	<b>X</b>	
32a		<b>X</b>
33		

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

**Schedule M (Form 990) 2011**

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

United Way of Chittenden County, Inc.

03-0217229

Pt VI, Line 11a A draft of Form 990 is reviewed and approved first by the  
Organization's audit committee and then by the full board  
prior to filing.

Pt VI, Line 12c The Code of Ethics and Conflict of Interest Policy is  
reviewed each July by both the board and the staff.  
Each board member and staff person must complete a  
disclosure form 1) certifying that they understand and  
agree with the policies and 2) disclosing any known  
conflicts of interest. Board members and staff also  
agree to disclose any potential conflicts should they  
arise during the year. New staff or board members who  
join the Organization during the year are required to  
complete the disclosure form as part of their orientation.

Pt VI, Line 15 In its annual determination of compensation of the  
Organization's Executive Director and other key employees,  
the United Way of Chittenden County compares compensation  
rates and benefit plans to local and regional compensation  
information. Individual salaries are compared to salary  
ranges for similar positions with data provided by  
United Way Worldwide (UWW). The data provides stratified  
information by geographic region with minimum, midpoint  
and maximum compensation levels for various positions.  
In order to maintain a compensation/benefit plan that is  
competitive in the local job market, UWCC strives to

Name of the organization

Employer identification number

United Way of Chittenden County, Inc.

03-0217229

maintain a compensation/benefit plan near the midpoint

of comparative survey information. UWCC's Finance and

Operations Committee reviews and approves the annual

budget - which includes compensation and benefits - with

final approval by the full board.

Pt VI, Line 19 The Organization makes its governing documents, Conflict of

Policy, and financial statements available either on its

website or upon request.

Pt XI Unrealized gain on investments of \$37,179 and change in

Beneficial Interest In Assets Held By Others of \$1,075.

Sch I Part IV Donor Designated Gifts for General Support - United Way

states the following on our pledge form with regard to

donor designated gifts: "This gift option bypasses review

and follow-up measurement by the Community Volunteer

Impact Teams and all fiscal and program oversight."



Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

- \* conducting a nearly \$4 million annual community fundraising campaign which provides for the investment in a portfolio of high quality local health and human services programs all working toward pre-determined community goals in Education, Income and Health and serving children, families and individuals throughout Chittenden County;
- \* convening local collaborations with other nonprofits, businesses, faith-based organizations, health care providers, law enforcement agencies and whoever needs to be "at the table" to look at root causes of community issues in order to find sustainable solutions to systems challenges in our priority areas of Education, Income, and Health;
- \* recruiting thousands of individuals and organizations to volunteer annually to strengthen the capacity of nonprofit agencies to achieve their missions; and
- \* recruiting and training people 55 years and older to volunteer for projects aligning with our Education, Income and Health Impact areas including: reading and academic enrichment programs at child care centers and schools; training for and becoming volunteer tax preparers for VITA sites and companies participating in the Working Bridges program; working with other seniors on a program to manage their fear of falling and the importance of healthy eating, and helping to relieve the potential isolation of local senior housing residents who benefit from the social connection of a weekly phone call.

The organization's support comes primarily from contributions from individuals, businesses and foundations during the annual community fundraising campaign, with additional support from non-campaign grants and contributions, program-related fee for service work and investment income.

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4a (continued)

impact of our funding. We ask how much each program is doing, how well the work is being done, and is anyone better off as a result of participating in the program.

As a means to achieve the impact we want to see in our community, United Way conducts an annual fundraising campaign (over \$3,750,000 raised in 2011) which includes workplace campaigns and individual solicitation. The ability to make investments for community impact is dependant upon the success of that community campaign each year. To add value to the financial investment, program staff provides technical assistance on how to measure program successes, how to share best practices and resources, and how to avoid redundancies. In addition, participating agencies have access to assistance with writing their applications for funding, as well as to help with reporting their program successes, outputs and outcomes.

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4c (continued)

listings can be found at [www.unitedwaycc.org](http://www.unitedwaycc.org) by clicking "Volunteer Now."

In FY 2012, 3,311 people utilized Volunteer Connection services for an estimated 121,957 hours of donated service at 285 local nonprofits for a value to the community of \$2,465,960 (based on the Vermont average hourly wage).

For volunteers 55+ the Volunteer Connection offers specialized placement services and opportunities to draw on life experience, wisdom and professional skills to foster change - one generation to the next. These services are partially federally funded by two national initiatives to mobilize 55+ volunteers, RSVP (54% federally funded) and the Foster Grandparent Program (59% federally funded).

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____	Description: <u>Strategic Initiatives: Because of the strong</u>
Expenses <u>91,837.</u>	<u>network of programs provided by our member agencies,</u>
Grants Of <u>0.</u>	<u>United Way is able to work as a convener, facilitator,</u>
Revenue <u>109,795.</u>	<u>and collaborator in community improvement and</u>
	<u>strategic systems change initiatives. Criteria to</u>
	<u>become involved in that work are:</u>
	<u>* alignment with our United Way mission;</u>
Code: _____	Description: <u>* alignment with one or our three Impact Areas;</u>
Expenses _____	<u>* the ability to leverage non-campaign funds &amp;</u>
Grants Of _____	<u>relationships;</u>
Revenue .. _____	<u>* community need;</u>
	<u>* the ability to measure results;</u>
	<u>* relevance to diverse stakeholders;</u>
	<u>* whether United Way will be accepted as the</u>
Code: _____	Description: <u>"mobilizer" and/or the leader; and</u>
Expenses _____	<u>* the sustainability of the community change.</u>
Grants Of _____	
Revenue . _____	<u>Partnerships for system change initiatives include</u>
	<u>various combinations of our nonprofit agency</u>
	<u>partners, faith-based organizations, government,</u>
	<u>the schools, law enforcement, health care providers,</u>
Code: _____	Description: <u>business groups and other nonprofits. A complete</u>
Expenses _____	<u>listing of our community initiatives can be found</u>
Grants Of _____	<u>on our website at <a href="http://www.unitedwaycc.org">www.unitedwaycc.org</a> under "How</u>
Revenue . _____	<u>United Way Helps." A brief synopsis of three major</u>
	<u>initiatives (one in each of the three impact areas</u>
	<u>of Education, Income and Health) and their current</u>
	<u>successes follows:</u>

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: \_\_\_\_\_ Description: \_\_\_\_\_

Expenses \_\_\_\_\_ Chittenden County Truancy Project:  
Grants Of \_\_\_\_\_ A goal of the Education Impact Area is ensuring  
Revenue.. \_\_\_\_\_ that children, youth and young adults achieve their  
potential. In alignment with that goal is our  
support of the Chittenden County Truancy Project as  
a strategic initiative to improve high school

Code: \_\_\_\_\_ Description: \_\_\_\_\_ graduation, and just one of the many strategies we  
Expenses \_\_\_\_\_ invest in through our focus on Education.  
Grants Of \_\_\_\_\_  
Revenue.. \_\_\_\_\_

Code: \_\_\_\_\_ Description: \_\_\_\_\_ Research shows that school attendance is a strong  
Expenses \_\_\_\_\_ predictor of school success. In the late 1990's,  
Grants Of \_\_\_\_\_ nearly 100 students were dropping out of high school  
Revenue.. \_\_\_\_\_ in Burlington each year, almost 10% of the students  
in grades 9-12.

Code: \_\_\_\_\_ Description: \_\_\_\_\_ Burlington School District adopted a new attendance  
Expenses \_\_\_\_\_ policy in 1999. Since then, a county-wide attendance  
Grants Of \_\_\_\_\_ policy modeled after Burlington's was adopted by all  
Revenue.. \_\_\_\_\_ school districts in Chittenden County, as well as  
three other contiguous counties. Today all districts

Code: \_\_\_\_\_ Description: \_\_\_\_\_ in the state are required to have an attendance  
Expenses \_\_\_\_\_ policy with a goal towards reducing the statewide  
Grants Of \_\_\_\_\_ drop-out rate. In addition, in the fall of 2011,  
Revenue.. \_\_\_\_\_ based on the success of the Truancy Project, the  
elementary and middle schools began piloting a new  
tardiness prevention project.

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
Expenses \_\_\_\_\_ Working Bridges:  
Grants Of \_\_\_\_\_ A goal of our Income Impact Area is to build  
Revenue.. \_\_\_\_\_ workforce development capacity for youth and adults  
by providing supports so they have the well-being  
and assistance they need to work, and by training  
them for the job and life skills they need in the

Code: \_\_\_\_\_ Description: \_\_\_\_\_ workplace.

Expenses \_\_\_\_\_  
Grants Of \_\_\_\_\_ Working Bridges, a public-private partnership, helps  
Revenue.. \_\_\_\_\_ individuals connect with resources and overcome  
barriers so that they are successful at work. It  
was created by concerned employers and UWCC to  
develop, test and share workplace practices to

Code: \_\_\_\_\_ Description: \_\_\_\_\_ improve the productivity of low to moderate wage  
Expenses \_\_\_\_\_ workers, while helping them stay and advance  
Grants Of \_\_\_\_\_ at work, while becoming more financially  
Revenue.. \_\_\_\_\_ stable. More than 50 employers are engaged in the  
program through its trainings, employer workgroup  
meetings, income advance loan program, and/or  
on-site resource coordinator services. Evaluations

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: \_\_\_\_\_ Description: demonstrate that the program is positively impacting  
 Expenses \_\_\_\_\_ retention and absenteeism rates for local employers,  
 Grants Of \_\_\_\_\_ while improving employees' economic well-being.  
 Revenue \_\_\_\_\_

100% of leading participating employers report that  
Working Bridges is helping them achieve their  
original goals:

Code: \_\_\_\_\_ Description: \* hiring, retaining, and advancing lower wage workers  
 Expenses \_\_\_\_\_ \* maximizing the effectiveness of their workforce  
 Grants Of \_\_\_\_\_ \* helping their workers achieve financial stability  
 Revenue \_\_\_\_\_

By investing a small amount of seed money, UWCC was  
able to leverage a large grant from Jane's Trust to  
launch Working Bridges.

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Expenses \_\_\_\_\_ Burlington Community Street Outreach Program:  
 Grants Of \_\_\_\_\_ A community goal (target outcome) of our Health  
 Revenue \_\_\_\_\_ Impact Area is that all people have access to the

care they need to be free from substance abuse and  
its consequences. An additional goal is that they  
have access to and benefit from quality, affordable,  
mental health care when needed.

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Expenses \_\_\_\_\_ \_\_\_\_\_  
 Grants Of \_\_\_\_\_ \_\_\_\_\_  
 Revenue \_\_\_\_\_ \_\_\_\_\_

The Street Outreach Program was developed in 1998  
to respond to concerns about the growing number of  
people in the downtown business district with unmet  
social service needs, including mental health and substance  
abuse. The goals of the project, which align under  
our Health Impact Area, are to: 1) connect people  
with unmet needs to services; 2) decrease the amount  
of antisocial behavior in the area; 3) decrease the  
amount of illegal activity in the area. Since its  
inception, incidents in the business district  
involving persons with unmet social and mental  
health needs have decreased, as have resulting calls  
to the police.

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Expenses \_\_\_\_\_ \_\_\_\_\_  
 Grants Of \_\_\_\_\_ \_\_\_\_\_  
 Revenue \_\_\_\_\_ \_\_\_\_\_

Code: \_\_\_\_\_ Description: \_\_\_\_\_  
 Expenses \_\_\_\_\_ \_\_\_\_\_  
 Grants Of \_\_\_\_\_ \_\_\_\_\_  
 Revenue \_\_\_\_\_ \_\_\_\_\_

Between July of 2011 and June of 2012:

\* the 3.5 full time outreach workers provided  
coverage 7 days a week

Code: \_\_\_\_\_ Description: \* had 6,175 contacts  
 Expenses \_\_\_\_\_ \* with 433 different individuals,  
 Grants Of \_\_\_\_\_ \* providing:  
 Revenue \_\_\_\_\_

- behavioral assessments,
- monitoring behaviors/symptoms,
- linking them with services,
- following up on progress, and

Schedule O (Form 990), Supplemental Information to Form 990  
Form 990, Page 2, Part III, Line 4d (continued)

Continued

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: \_\_\_\_\_ Description: - working with program sponsors to maintain  
 Expenses \_\_\_\_\_ a vibrant and safe social and economic  
 Grants Of \_\_\_\_\_ climate in the downtown.  
 Revenue \_\_\_\_\_

Despite the trend of a younger and more diverse  
client base, this year the team's work shifted to  
more offender-based concerns, addressing more  
 Code: \_\_\_\_\_ Description: behavior with individuals involved in the legal  
 Expenses \_\_\_\_\_ system and Corrections who also have mental health  
 Grants Of \_\_\_\_\_ and substance abuse issues.  
 Revenue \_\_\_\_\_

The Team continues to collaborate with over 20  
service providers on a weekly basis. These providers  
include homeless shelters, mental health providers,  
 Code: \_\_\_\_\_ Description: substance abuse treatment centers, hospitals,  
 Expenses \_\_\_\_\_ District Court programs and others. A Street  
 Grants Of \_\_\_\_\_ Outreach Interventionist is now working out of the  
 Revenue \_\_\_\_\_ Burlington Police Department during evening hours  
in a pilot project to be more proactive with  
individuals who may be in most need of outreach  
services and who in the past have been high users

of emergency and other high cost services including  
 Code: \_\_\_\_\_ Description: police, ambulance, hospital, corrections, and courts.  
 Expenses \_\_\_\_\_  
 Grants Of \_\_\_\_\_  
 Revenue \_\_\_\_\_

United Way serves as the facilitator for the monthly  
Street Outreach Advisory Committee with other  
project partners: HowardCenter; Fletcher Allen  
 Code: \_\_\_\_\_ Description: Health Care; the Vermont Agency of Human Services;  
 Expenses \_\_\_\_\_ the City of Burlington; the Church Street Marketplace;  
 Grants Of \_\_\_\_\_ the Burlington Business Association; the Burlington  
 Revenue \_\_\_\_\_ Police Department, CCTA and other nonprofit service  
providers.

In 2011, United way invested \$10,000 in the  
Burlington Community Street Outreach Program, which  
leveraged nearly \$200,000 in other funding to support  
 Code: \_\_\_\_\_ Description: the program.  
 Expenses \_\_\_\_\_  
 Grants Of \_\_\_\_\_  
 Revenue \_\_\_\_\_

Schedule I (Form 990) - Part IV - Supplemental Information (continued)  
Schedule I (Form 990) - Part IV - Supplemental Information (Continuation Sheet)

\* any external measures of program quality (i.e., licensure, accreditation, oversight etc.); and  
\* data on program outcomes (i.e., how much was done, how well was it done, and is anyone better off).

In addition, applicants for funding provide a complete set of current financial statements which are thoroughly reviewed.

After the applications are received, they are reviewed by one of three volunteer Impact Teams (Education, Income, Health) who rate the applications on specific criteria, and then recommend the amount of funding that each program receives. The scores are shared with funding applicants along with suggestions for improvement or changes.

Funding recommendations made by the Impact Teams are reviewed by a volunteer oversight Community Investment Committee that looks at the entire portfolio of program investment recommendations before furthering the recommendations on to the United Way of Chittenden County Board of Directors for final approval.

Midway during the fiscal year, the Impact Teams also make monitoring site visits to funded programs and ask a standard set of questions on how the money is being spent, how things are progressing, whether or not there are any changes, etc. In addition, throughout the year, program providers partner with United Way in community change initiatives, agency forums, affinity groups where programs work toward the same target outcome, as volunteers on committees and as providers of volunteer opportunities. The relationship between member agencies and United Way of Chittenden County is much different from the typical grant fund recipient with grant funder.

An annual report of how the program funds are used and the effectiveness of the program in meeting target outcomes is part of the application for funding the next year.

Donor Designated Gifts for General Support are unrestricted contributions made to an agency at the direction of the donor(s) in support of its general operating costs. Agencies receiving donor designations must annually verify compliance with provisions of the USA Patriot Act and verify they are an agency in good standing as an IRS Code Section 501(c)(3) nonprofit organization. United Way of Chittenden County has no oversight of those funds.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>United Way of Chittenden County, Inc.</b>	<input checked="" type="checkbox"/> <b>03-0217229</b>
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	<b>412 Farrell Street, #200</b>	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>South Burlington VT 05403</b>	

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-T (corporation)	07
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

RECEIVED  
SEP 24 2012  
OGDEN, UT

- The books are in the care of ▶
- Susan Pelkey Smith

Telephone No. ▶ (802) 864-7541 FAX No. ▶ (802) 864-7401

- 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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Nov 15, 20 12, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- ▶ ☐ calendar year 20 \_\_\_\_ or
- ▶ ☒ tax year beginning Apr 1, 20 11, and ending Mar 31, 20 12.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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.	3a \$	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.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 1-2012)

FIF20501 01/04/12

048 005