

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

- B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization
GREATER SUSQU VALLEY UNITED WAY
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
335 MARKET STREET
ROOM/SUITE 2A
City or town, state or country, and ZIP + 4
SUNBURY, PA 17801

D Employer identification number
23-1697631
E Telephone number
(570) 988-0993
G Gross receipts \$ 727,872

F Name and address of principal officer
KERI ALBRIGHT
335 MARKET STREET
SUNBURY, PA 17801

H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
J Website: WWW.GSVUW.ORG

K Form of organization
Corporation
L Year of formation
M State of legal domicile

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE PURPOSE OF THE ORGANIZATION IS DOING WHAT MATTERS FOR OUR COMMUNITY, TO SERVE AS A CATALYST, LEADER AND/OR PARTNER FOR COMMUNITY EFFORTS TO DEVELOP SOLUTIONS, REDUCE NEED, AND HAVE A POSITIVE MEASURABLE IMPACT ON IDENTIFIED AREAS OF CONCERN...

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

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses.

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

Part II Signature Block

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

Sign Here
Signature of officer
Date: 2011-11-30
KERI ALBRIGHT PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: COURTNEY M SOLOMON CPA
Preparer's signature: COURTNEY M SOLOMON CPA
Date: 2011-11-30
Firm's name: HERRING ROLL & SOLOMON PC
Firm's address: 41 SOUTH 5TH STREET, SUNBURY, PA 17801

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission

THE PURPOSE OF THE ORGANIZATION IS DOING WHAT MATTERS FOR OUR COMMUNITY, TO SERVE AS A CATALYST, LEADER AND/OR PARTNER FOR COMMUNITY EFFORTS TO DEVELOP SOLUTIONS, REDUCE NEED, AND HAVE A POSITIVE MEASURABLE IMPACT ON IDENTIFIED AREAS OF CONCERN, TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE COMMUNITY BY PROVIDING SUPPORT FOR PROGRAMS, PROJECTS, ORGANIZATIONS AND/OR AGENCIES THAT POSITIVELY IMPACT HEALTH, WELFARE, AND CHARACTER-BUILDING NEEDS THE ORGANIZATION ACCOMPLISHES THIS BY CREATING, ADMINISTERING AND ALLOCATING RESOURCES GATHERED COOPERATIVELY THROUGH VOLUNTARY CONTRIBUTIONS OF TIME, TALENT AND MONEY

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

4a (Code) (Expenses \$ 658,570 including grants of \$ 422,714) (Revenue \$)

PRIORITIES FOR IMPACT - PROVIDES OPPORTUNITIES FOR GROUPS TO SEEK FUNDS FOR CREATIVE OR NEW RESPONSES THAT ADDRESS THE ROOT CAUSES OF THE MOST PRESSING NEEDS IN THE VALLEY THESE NEEDS INCLUDE ALCOHOL AND DRUG ABUSE AND ITS EFFECT ON FAMILIES AND COMMUNITIES, POVERTY AND / OR THE DEPENDENCY ON SOCIAL SERVICES AND ASSISTANCE PROGRAMS ACROSS GENERATIONS OF FINANCIALLY UNSTABLE FAMILIES, LACK OF PUBLIC TRANSPORTATION, OR INITIATIVES FOCUSED ON OFFERING RELIABLE, AFFORDABLE VEHICLES FOR LOW INCOME FAMILIES, SOCIAL OPPORTUNITIES THAT CONNECT AT-RISK TEENS, AGED 13-16, TO THE COMMUNITY THAT WILL POSITIVELY INFLUENCE THEIR FUTURE, ACCESSIBILITY (AVAILABILITY AND AFFORDABILITY) TO QUALITY EARLY CHILD CARE, NEED FOR GREATER UNDERSTANDING AND APPRECIATION FOR DIVERSE AND EMERGING VALLEY POPULATION MEMBER AGENCY PROGRAMS - SUPPORT FOR PROGRAMS ADMINISTERED BY MEMBER AGENCIES OF THE GREATER SUSQUEHANNA VALLEY UNITED WAY, REGULAR TRAINING AND MEETINGS REGARDING UNITED WAY ACTIVITIES, EXPECTED STANDARDS AND OUTCOMES, AND OPPORTUNITIES FOR NETWORKING WITH OTHER NONPROFIT ORGANIZATIONS COLLABORATIVE EFFORTS AMOUNT OR WITH MEMBER AGENCIES, ONGOING DIALOGUE WITH AGENCIES AS NEEDED (INCLUDES RAISING AWARENESS FOR THEIR INITIATIVES) ALLIANCE FUND - RESOURCES DEDICATED TO HELPING ELIGIBLE INDIVIDUALS AND FAMILIES WITH EMERGENCY NEEDS EARLY CARE AND EDUCATION - FOCUSED AWARENESS EFFORTS ON THE IMPORTANCE OF QUALITY EARLY CHILD CARE BY CREATING A NETWORK OF ADVOCATES, PROVIDING EDUCATION AND VOLUNTEER RESOURCES TO QUALITY CHILD CARE INITIATIVES AND INSPIRING LEGISLATIVE ADVOCACY AMONG THE BUSINESS COMMUNITY OF NORTHUMBERLAND COUNTY, PROVIDING CONTINUING EDUCATION OPPORTUNITIES FOR CHILD CARE PROVIDERS AND ADMINISTERING PROGRAMS TARGETED AT IMPROVING THE QUALITY OF CARE FOR ALL CHILDREN IN NORTHUMBERLAND COUNTY AS WELL AS CREATING MORE SUCCESSFUL TRANSITIONS TO SCHOOL FOR CHILDREN ENTERING KINDERGARTEN

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 658,570

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"/>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
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		No
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		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>		No
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"/>	Yes	
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 checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
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 checked="" type="checkbox"/>		No
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"/>	Yes	
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"/>		No
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"/>	Yes	
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 checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		No
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 U S? If "Yes," complete Schedule F, Parts II and IV		No
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 U S? If "Yes," complete Schedule F, Parts III and IV		No
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)		No
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

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

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
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 26		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 26		
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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	Yes	
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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed PA
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KERI ALBRIGHT 335 MARKET STREET 2A SUNBURY, PA 17801 (570) 988-0993

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e	68,805				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	610,182				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f ▼	678,987				
	Program Service Revenue		Business Code			
2a PROGRAM SERVICE REVENUE		26,790	26,790			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼		26,790				
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼	1,847			1,847	
	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) ▼					
	8a Gross income from fundraising events (not including \$ _____ 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 MISC & EXPENSE REIMBURSEMENTS	20,248			20,248		
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▼	20,248					
12 Total revenue. See Instructions ▼	727,872	26,790		22,095		

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).

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 U S See Part IV, line 21	422,714	422,714		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	144,414	102,417	27,036	14,961
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,601	1,821	520	260
9	Other employee benefits	7,574	5,220	1,474	880
10	Payroll taxes	11,923	8,251	2,337	1,335
a	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	4,850		4,850	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,270	1,037	233	
13	Office expenses	17,130	11,853	3,298	1,979
14	Information technology				
15	Royalties				
16	Occupancy	23,214	14,393	5,571	3,250
17	Travel	5,399	2,888	1,255	1,256
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,028	12,216	812	
20	Interest				
21	Payments to affiliates	9,592		9,592	
22	Depreciation, depletion, and amortization	31,300	20,061	7,434	3,805
23	Insurance	10,485	6,291	2,622	1,572
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAUDE BENNETT POOR FUND	13,195	13,195		
b	PRINTING AND PUBLICATIONS	12,962	10,887	297	1,778
c	UTILITIES	8,354	8,354		
d	SPECIAL EVENTS / PRIZES	7,853	4,670	475	2,708
e	RENT / HOUSING	4,697	4,697		
f	All other expenses	17,128	7,605	5,091	4,432
25	Total functional expenses. Add lines 1 through 24f	769,683	658,570	72,897	38,216
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	256,437	2	264,233
	3 Pledges and grants receivable, net	223,396	3	192,464
	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) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,001	9	7,273
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	1,085,283		
	b Less accumulated depreciation	361,726	753,128	10c 723,557
	11 Investments—publicly traded securities		11	
	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	2,250	15	3,300
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,243,212	16	1,190,827	
Liabilities	17 Accounts payable and accrued expenses	22,729	17	29,133
	18 Grants payable	225,044	18	208,066
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	4,600	25	4,600
	26 Total liabilities. Add lines 17 through 25	252,373	26	241,799
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	989,579	27	948,631
	28 Temporarily restricted net assets	1,260	28	397
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	990,839	33	949,028	
34 Total liabilities and net assets/fund balances	1,243,212	34	1,190,827	

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	727,872
2	Total expenses (must equal Part IX, column (A), line 25)	2	769,683
3	Revenue less expenses Subtract line 2 from line 1	3	-41,811
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	990,839
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	949,028

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?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separated 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?		No
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		

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER SUSQU VALLEY UNITED WAY

Employer identification number
23-1697631

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	749,570	864,646	745,815	719,563	678,987	3,758,581
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	749,570	864,646	745,815	719,563	678,987	3,758,581
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						3,758,581

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	749,570	864,646	745,815	719,563	678,987	3,758,581
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,812	8,253	4,258	2,258	1,847	22,428
9 Net income from unrelated business activities, whether or not the business is regularly carried on					19,248	19,248
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	18,917	23,667	21,082	18,005		81,671
11 Total support (Add lines 7 through 10)						3,881,928
12 Gross receipts from related activities, etc (See instructions)					12	26,790
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	96 820 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 890 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
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 ▶		

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization GREATER SUSQU VALLEY UNITED WAY

Employer identification number 23-1697631

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?
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 170(h)(4)(B)(ii)?
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, 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, 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 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Term endowment

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

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

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

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	727,872
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	769,683
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-41,811
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-41,811

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	727,872
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	727,872
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	727,872

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

1	Total expenses and losses per audited financial statements	1	769,683
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	769,683
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	769,683

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, 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

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREATER SUSQU VALLEY UNITED WAY

Employer identification number 23-1697631

Part I General Information on Grants and Assistance

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include: (1) SEE ATTACHED, (2) PAYMENTS TO OTHER UNITED WAYS, (3) OTHER AGENCIES.

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

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.

Use Schedule I-1 (Form 990) 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

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER SUSQU VALLEY UNITED WAY

Employer identification number
23-1697631

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	THE PURPOSE OF THE ORGANIZATION IS DOING WHAT MATTERS FOR OUR COMMUNITY , TO SERVE AS A CATALYST, LEADER AND/OR PARTNER FOR COMMUNITY EFFORTS TO DEVELOP SOLUTIONS, REDUCE NEED, AND HAVE A POSITIVE MEASURABLE IMPACT ON IDENTIFIED AREAS OF CONCERN, TO IMPROVE THE QUALITY OF LIFE FOR RESIDENTS OF THE COMMUNITY BY PROVIDING SUPPORT FOR PROGRAMS, PROJECTS, ORGANIZATIONS AND/OR AGENCIES THAT POSITIVELY IMPACT HEALTH, WELFARE, AND CHARACTER-BUILDING NEEDS THE ORGANIZATION ACCOMPLISHES THIS BY CREATING, ADMINISTERING AND ALLOCATING RESOURCES GATHERED COOPERATIVELY THROUGH VOLUNTARY CONTRIBUTIONS OF TIME, TALENT AND MONEY

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	INFLUENCE THEIR FUTURE, ACCESSIBILITY (AVAILABILITY AND AFFORDABILITY) TO QUALITY EARLY CHILD CARE, NEED FOR GREATER UNDERSTANDING AND APPRECIATION FOR DIVERSE AND EMERGING VALLEY POPULATION MEMBER AGENCY PROGRAMS - SUPPORT FOR PROGRAMS ADMINISTERED BY MEMBER AGENCIES OF THE GREATER SUSQUEHANNA VALLEY UNITED WAY, REGULAR TRAINING AND MEETINGS REGARDING UNITED WAY ACTIVITIES, EXPECTED STANDARDS AND OUTCOMES, AND OPPORTUNITIES FOR NETWORKING WITH OTHER NONPROFIT ORGANIZATIONS COLLABORATIVE EFFORTS AMOUNT OR WITH MEMBER AGENCIES, ONGOING DIALOGUE WITH AGENCIES AS NEEDED (INCLUDES RAISING AWARENESS FOR THEIR INITIATIVES) ALLIANCE FUND - RESOURCES DEDICATED TO HELPING ELIGIBLE INDIVIDUALS AND FAMILIES WITH EMERGENCY NEEDS EARLY CARE AND EDUCATION - FOCUSED AWARENESS EFFORTS ON THE IMPORTANCE OF QUALITY EARLY CHILD CARE BY CREATING A NETWORK OF ADVOCATES, PROVIDING EDUCATION AND VOLUNTEER RESOURCES TO QUALITY CHILD CARE INITIATIVES AND INSPIRING LEGISLATIVE ADVOCACY AMONG THE BUSINESS COMMUNITY OF NORTHUMBERLAND COUNTY, PROVIDING CONTINUING EDUCATION OPPORTUNITIES FOR CHILD CARE PROVIDERS AND ADMINISTERING PROGRAMS TARGETED AT IMPROVING THE QUALITY OF CARE FOR ALL CHILDREN IN NORTHUMBERLAND COUNTY AS WELL AS CREATING MORE SUCCESSFUL TRANSITIONS TO SCHOOL FOR CHILDREN ENTERING KINDERGARTEN

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AT A SPECIAL MEETING HELD TO REVIEW AND RECOMMEND FOR APPROVAL BY THE FULL BOARD THE FULL BOARD REVIEWS AND APPROVES THE 990 ANNUALLY

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE ASKED TO DECLARE A CONFLICT IN WRITING ANNUALLY AND SUBSEQUENTLY ABSTAIN FROM A VOTE IF ONE EXISTS THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY EVERY BOARD MEMBER

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND EMPLOYEES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND EMPLOYEES

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST

Greater Susquehanna Valley United Way
Board of Directors, 2010 - 2011

Term-End Year	Title	First Name MI	Last Name	Officer Post	Prof Name	Job Title	Primary Address if Company	Preferred Address	City	Zip	Home phone	Work Phone	Fax Number	Mobile	E-mail Address
2014	Ms	Patricia	Cross		Pat	Principal	Warrior Run School	325 Farnmount Dr	Watsontown	17777	538-9847				pcross@wrsd.org
2014	Mrs	Patricia A	Lyster		Pat	Manager	Susquehanna Bank	400 Market St	Sunbury	17801	672-3279	863-8213	286-2132		pat.lyster@susquehanna.net
2014	Mr	Gary D	Grossman	Second Vice Chair	Gary	Publisher	The Daily Item	200 Market St	Sunbury	17801	608-221-4694	286-5671	286-2570		ggrossman@dailyitem.com
2014	Mr	Eric L	Rowe	Chairman	Eric	Manufacturing Admin Asst	Wood-Mode, Inc	1 Second St, Box 900	Kremer	17833	374-7377	374-2711 ext. 2	372-1462	556-6692	eric@woodmode.com
2014	Mr	Randa L	Shroyer		Randy	(Retired)		204 Sunset Dr	Selinsgrove	17870	374-8674	522-5413	522-3030		randys@dayworksystems.com
2014	Ms	Nancy	Sleese		Nancy	(Retired)		46 N Court St	Milton	17847	524-3857				fanny.sleese@sci.com
2012	Ms	Karen B	Bowen		Karen	Realtor - Rental Management	Rea Iers	171 Sile 110	Selinsgrove	17870	743-7556	743-1356	850-0168		karen@bowenagency.com
2012	Mr	Roger	Hoffman		Roger	CEO	FoodSwing Inc	50 Oak Rd	Northumberland	17857		473-8720	473-3470		roger@foodswing.com
2012	Ms	Francois E	Jones		Frankie	Proprietor	Aplebaum Realty inc	342 Market St	Sunbury	17801	473-3530	286-2111	286-4877	480-3727	apple@aplebaum.com
2012	Ms	Marsha	Lemons		Marsha	Director of Admissions	University	501 University Ave	Selinsgrove	17870	374-4644	372-4425	372-2722		lemonsml@susqu.edu
2012	Mr	Chris	Markle		Chris	(Retired)		1072 Market St	Sunbury	17801		286-8521	286-6167	847-2215	markle@susqu.edu
2012	Dr	Jessica	Pajana Defazio, D.O		Jessica			184 Beth Ellen Dr	Lewesburg	17837	523-3541				pdelaize@pd.net
2012	Mr	Norman S	Rick	First Vice Chair	Norm	(Retired)	J Klembauer, Inc	28 N Market St	Selinsgrove	17870	374-7623	374-6874	374-6381	556-0228	nscrch@aol.com
2012	Mr	Paul F	Speigel		Paul	Branch Manager	M&T Bank, Milton	633 South Front St	Milton	17847	538-9776	742-3645	742-4328		paul@klenbauer.com
2012	Mr	David P	Stahl		Dave										dstant@mb.com
2012	Mr	Michael	Unexpred Term		Mike	President	Svensford National	1225 N Susquehanna	Hummels Wharf	17831	966-1044	743-8510	743-8562		mwmms@svenford.com
2013	Mr	Thomas C	Clark, Esq	Chair	Tom	(Attorney)		PO Box 57	Middleburg	17842	374-0407	837-2091	837-1350	850-2143	tomclark@td.net
2013	Mr	Stephen J	Connoley		Steve	CFO	Broadcasting Corp	2679 Sunrise Rd	Lewesburg	17837	568-8310			971-0247	stave@connoley.com
2013	Mr	Roger S	Haxdon Jr		Roger	CEO	Sunbury Community	PO Box 1070	Sunbury	17801	374-1253	286-5638	743-7837	274-3656	haddon@wexu.com
2013	Mr	Jeffrey	Hurt	Chair-Appointed	Jeff	(Retired)		20 Farway Dr	Selinsgrove	17801		286-3333			jeff_hurt@chs.net
2013	Mr	Joe W	Klenbauer		Joe					17870	743-5524				poppy@pd.net
2013	Mr	James	Lunpin		James			955 W Sassafras St	Selinsgrove	17870	374-1746	374-1746	541-0071		james.lincoln@gmail.com
2013	Dr	Karl G	Rorrbach		Karl			105 Magnolia Ave	Selinsgrove	17870	374-1061	743-1396	743-1396	850-1061	karlorrbach@hotmail.com
2013	Mr	J Donald	Steele Jr	Immediate Past Chair	Don	Chairman President & CEO	Northumberland	PO Box 271	Northumberland	17857	524-9636	473-3531	473-9637		jsteele@northumbank.com
2013	Mr	Charles	Stanger		Chuck	(Retired)	Stanger's Laundry	4243 Route 204	Selinsgrove	17870	374-8710				cbcc@pd.net
2013	Ms	Nancy J	Walters		Nancy			726 Broadway	Milton	17847	742-4924				nancjar@verizon.net

The Greater Susquehanna Valley United Way
Form 990
Supplement to Schedule I – Form 990, Part II, Line 1

PARTICIPATING WELFARE AGENCIES

The following amounts were paid or accrued to participating welfare agencies for the 2010 campaign year. The amounts include any special designations by contributors:

Fiscal Year June 30, 2011

<u>Name of Agency</u>	<u>Amount Paid for 2011</u>	<u>Accrued @ for 2011</u>	<u>Total</u>
American Red Cross - Snyder County	\$ 6,967	\$ 12,033	\$ 19,000
American Red Cross - Sunbury	10,631	11,369	22,000
American Red Cross - Upper North'd Cty	6,749	6,251	13,000
The Arc	1,738	2,262	4,000
Big Brothers/Big Sisters of CSV	7,158	8,842	16,000
Central Susquehanna Valley Mediation Ctr	5,000	-0-	5,000
Central Susquehanna Sight Services	1,286	1,214	2,500
Children's Discovery Center	4,724	5,276	10,000
Clinical Outcomes Group	3,773	4,418	8,191
Concerned Citizens for Child Care	14,105	14,395	28,500
Degenstein Community Library	11,743	12,257	24,000
Greater Susquehanna Valley YMCA	13,938	14,062	28,000
Haven Ministries	9,912	13,088	23,000
Girl Scouts in the Heart of PA	3,592	4,408	8,000
Meals on Wheels CSV Interfaith Council	2,537	2,463	5,000
Meals on Wheels – Selinsgrove Area	2,399	2,601	5,000
Meals on Wheels at RiverWoods	1,298	213	1,511
Middlecreek Community Center	13,419	14,581	28,000
Milton Little League	270	230	500
Milton Public Library	5,378	5,622	11,000
Montgomery House Library	6,330	6,670	13,000
Priestley Forsyth Memorial Library	10,304	7,696	18,000
Selinsgrove Area Recreation, Inc.	432	260	692
Snyder County Library	9,838	14,162	24,000
SUM Child Development, Inc.	9,045	9,955	19,000
SUN Home Health Services	1,573	2,417	3,990
Suncom Industries	1,187	4,813	6,000
Susquehanna Council, Boy Scouts of Am.	3,420	6,580	10,000
Transitions	12,813	12,687	25,500
YMCA of Greater Susq. Valley - Milton	<u>7,759</u>	<u>7,241</u>	<u>15,000</u>
Total	\$189,318	\$208,066	\$397,384
Reduction in accrued payouts from prior year campaign			<u>(9,266)</u>
			<u>\$388,118</u>