

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)

2010

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 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011

B Check if applicable: <input checked="" 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 UNITED WAY OF MERCER COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 493 S HERMITAGE ROAD City or town, state or country, and ZIP + 4 HERMITAGE, PA 16148 F Name and address of principal officer: JAMES L. MICKSKY, JR. 493 S HERMITAGE ROAD, HERMITAGE, PA 16148	D Employer identification number 25-1039297 E Telephone number 724-981-1884 G Gross receipts \$ 1,412,433. 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 type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.UWMERCERCOUNTY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1974		M State of legal domicile: PA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: A VOLUNTEER ORGANIZATION THAT STRIVES TO IMPROVE LIVES IN LOCAL COMMUNITIES BY PARTNERING WITH		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	35
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
	6	Total number of volunteers (estimate if necessary)	6	300
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,021,638.
9		Program service revenue (Part VIII, line 2g)	0.	18,551.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,387.	5,122.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,737.	109,405.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,111,762.	1,294,666.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	919,328.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,384.	157,239.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 156,157.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	104,804.	121,202.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,180,516.	1,247,716.
	19	Revenue less expenses. Subtract line 18 from line 12	-68,754.	46,950.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,351,037.	End of Year 1,471,270.
	21	Total liabilities (Part X, line 26)	922,145.	976,608.
	22	Net assets or fund balances. Subtract line 21 from line 20	428,892.	494,662.

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 JAMES L. MICKSKY, JR., EXECUTIVE DIRECTOR Type or print name and title	Date 			
Paid Preparer Use Only	Print/Type preparer's name THOMAS E. LIBEG	Preparer's signature THOMAS E. LIBEG	Date 08/11/11	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ HILL, BARTH & KING LLC	Firm's EIN ▶			
	Firm's address ▶ 3110 HIGHLAND ROAD HERMITAGE, PA 16148	Phone no. (724)-981-7550			

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 [X]

1 Briefly describe the organization's mission: THE UNITED WAY OF MERCER COUNTY STRIVES TO IMPROVE LIVES MY MOBILIZING THE CARING POWER OF OUR LOCAL COMMUNITIES. OUR CARING HAND REACHES ALL ACROSS MERCER COUNTY, HELPING THE LIVES OF ANYONE WHO IS IN NEED. ONE HUNDERD PERCENT OF ALL DONATIONS STAY LOCAL, SO OUR LONG LIST OF

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 [X] 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 [X] 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 \$ 884,275. including grants of \$ 884,275.) (Revenue \$) PROVIDING FUNDRAISING AND PLANNING SERVICES FOR 30 "MEMBER AGENCIES" IN THE AREA. "MEMBER AGENCIES" ARE HEALTH AND HUMAN SERVICE ORGANIZATIONS.

4b (Code:) (Expenses \$ 85,000. including grants of \$ 85,000.) (Revenue \$) THE AGENCY COORDINATES AND FUNDS "THE SUMMER PROGRAM FOR PRE-K - SUCCESS BY SIX", A COMMUNITY-WIDE EFFORT THAT SEEKS TO IMPROVE THE LIVES OF CHILDREN THROUGH EARLY CHILDHOOD DEVELOPMENT EDUCATION AND THEIR FAMILIES THROUGH VARIOUS PROGRAMS AND SERVICE PROVIDERS.

4c (Code:) (Expenses \$ 16,106. including grants of \$) (Revenue \$ 18,551.) THE AGENCY SPONSORS PROGRAMS DESIGNED TO STRENGTHEN COMMUNITY AWARENESS. THESE PROGRAMS INCLUDE A WOMAN'S LEADERSHIP INITIATIVE, ECONOMIC SUMMIT, AND CEO ROUNDTABLE.

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

4e Total program service expenses 985,381.

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (35), 1b (35), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES L, MICKSKY, JR. - 724-981-1884 493 S HERMITAGE ROAD, HERMITAGE, PA 16148

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD EPSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
MIKE WALTON PRESIDENT	1.00	X		X			0.	0.	0.	
ANTHONY ZUCCO SECRETARY	1.00	X		X			0.	0.	0.	
DAVID GEORGE VICE PRESIDENT	1.00	X		X			0.	0.	0.	
DANA FRANKENBURG BOARD MEMBER	1.00	X					0.	0.	0.	
BRIAN DURNIOK BOARD MEMBER	1.00	X					0.	0.	0.	
DAN LAWYER BOARD MEMBER	1.00	X					0.	0.	0.	
JANICE SCHWANBECK BOARD MEMBER	1.00	X					0.	0.	0.	
DOM VADALA BOARD MEMBER	1.00	X					0.	0.	0.	
JOSEPH SIMCO BOARD MEMBER	1.00	X					0.	0.	0.	
NANCY LUKASKO BOARD MEMBER	1.00	X					0.	0.	0.	
TINA CASCIO BOARD MEMBER	1.00	X					0.	0.	0.	
KAREN PICCIRILLI BOARD MEMBER	1.00	X					0.	0.	0.	
STACY WALBERG BOARD MEMBER	1.00	X					0.	0.	0.	
LINDA EVANS BOARD MEMBER	1.00	X					0.	0.	0.	
JEFF CALVIN BOARD MEMBER	1.00	X					0.	0.	0.	
JEFF CHROBAK BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TODD HEDDERICK BOARD MEMBER	1.00	X						0.	0.	0.
TIM JABLON BOARD MEMBER	1.00	X						0.	0.	0.
MARK FERRERA BOARD MEMBER	1.00	X						0.	0.	0.
ROCCO LATORRE BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD EDGE BOARD MEMBER	1.00	X						0.	0.	0.
ANGELA PALUMBO BOARD MEMBER	1.00	X						0.	0.	0.
CHARLOTTE PEGUES BOARD MEMBER	1.00	X						0.	0.	0.
WILLIAM PERRINE BOARD MEMBER	1.00	X						0.	0.	0.
BARNEY SCHOLL BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								64,281.	0.	11,689.
d Total (add lines 1b and 1c)								64,281.	0.	11,689.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,161,588.					
	g Noncash contributions included in lines 1a-1f: \$		7,951.					
	h Total. Add lines 1a-1f			1,161,588.				
Program Service Revenue	2 a <u>SUPPORT INCOME</u>	Business Code	900099	9,382.	9,382.			
	b <u>ANNUAL MEETING</u>		900099	2,925.	2,925.			
	c <u>CEO ROUNDTABLE</u>		900099	2,785.	2,785.			
	d <u>WOMEN'S LEADERSHIP INI</u>		900099	1,920.	1,920.			
	e <u>ECONOMIC SUMMIT</u>		900099	1,539.	1,539.			
	f All other program service revenue							
	g Total. Add lines 2a-2f			18,551.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,028.			5,028.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	91,401.					
		(ii) Personal						
		b Less: rental expenses	55,209.					
	c Rental income or (loss)	36,192.						
	d Net rental income or (loss)			36,192.			36,192.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	8,045.					
		(ii) Other						
		b Less: cost or other basis and sales expenses	7,951.					
	c Gain or (loss)	94.						
	d Net gain or (loss)			94.	94.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	111,682.					
		b Less: direct expenses	54,607.					
c Net income or (loss) from fundraising events				57,075.			57,075.	
9 a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11 a <u>MISCELLANEOUS INCOME</u>		900099		16,138.	16,138.			
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				16,138.				
12 Total revenue. See instructions.				1,294,666.	34,783.	0.	98,295.	

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	969,275.	969,275.		
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	64,282.		9,719.	54,563.
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	64,928.		9,816.	55,112.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,682.		6,682.	
9 Other employee benefits	10,514.		10,514.	
10 Payroll taxes	10,833.		1,796.	9,037.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,175.		15,175.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,331.		1,331.	
g Other	3,177.		3,177.	
12 Advertising and promotion	30,869.		1,194.	29,675.
13 Office expenses	9,042.		3,597.	5,445.
14 Information technology	3,128.		3,128.	
15 Royalties				
16 Occupancy	5,405.		5,405.	
17 Travel	7,896.		7,462.	434.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,471.		2,580.	1,891.
20 Interest				
21 Payments to affiliates	15,066.		15,066.	
22 Depreciation, depletion, and amortization	2,256.		2,256.	
23 Insurance	869.		869.	
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 SPECIAL EVENTS	16,106.	16,106.		
b TELEPHONE	4,910.		4,910.	
c MISCELLANEOUS	823.		823.	
d BANK FEES	678.		678.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,247,716.	985,381.	106,178.	156,157.
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) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	250.	1	324,658.
	2	Savings and temporary cash investments	431,936.	2	268,638.
	3	Pledges and grants receivable, net	461,018.	3	525,475.
	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	4,383.	9	8,469.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	406,222.		
	b	Less: accumulated depreciation	234,941.	10c	171,281.
	11	Investments - publicly traded securities	164,754.	11	172,749.
	12	Investments - other securities. See Part IV, line 11	100,000.	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,267.	15	0.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,351,037.	16	1,471,270.	
Liabilities	17	Accounts payable and accrued expenses	2,431.	17	10,430.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	919,714.	25	966,178.
	26	Total liabilities. Add lines 17 through 25	922,145.	26	976,608.
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	423,892.	27	474,662.
	28	Temporarily restricted net assets		28	15,000.
	29	Permanently restricted net assets	5,000.	29	5,000.
	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	428,892.	33	494,662.	
34	Total liabilities and net assets/fund balances	1,351,037.	34	1,471,270.	

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	1,294,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,247,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,950.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	428,892.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	18,820.
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	494,662.

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **UNITED WAY OF MERCER COUNTY** Employer identification number **25-1039297**

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?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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 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									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

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.")	939,346.	1018801.	1031214.	1021638.	1161588.	5172587.
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	939,346.	1018801.	1031214.	1021638.	1161588.	5172587.
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.						5172587.

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	939,346.	1018801.	1031214.	1021638.	1161588.	5172587.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	103,328.	113,759.	105,024.	98,991.	96,429.	517,531.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,907.	525.	9,600.	14,878.	34,689.	61,599.
11 Total support. Add lines 7 through 10						5751717.
12 Gross receipts from related activities, etc. (see instructions)				12		
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	89.93 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	89.89 %
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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. 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 - 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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

UNITED WAY OF MERCER COUNTY

Employer identification number

25-1039297

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization UNITED WAY OF MERCER COUNTY	Employer identification number 25-1039297
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EMPLOYEE FUND, FIRST NATIONAL BANK OF PA 3320 EAST STATE STREET HERMITAGE, PA 16148	\$ 30,992.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	EMPLOYEE FUND, SHARON REGIONAL HEALTH SYSTEM 740 E STATE ST SHARON, PA 16146	\$ 33,030.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	EMPLOYEE FUND, WHEATLAND TUBE COMPANY 1 COUNCIL AVENUE, PO BOX 608 WHEATLAND, PA 16161	\$ 59,060.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	FIRST NATIONAL BANK OF PA 3320 EAST STATE STREET HERMITAGE, PA 16148	\$ 28,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE MARGARET M. WALKER CHARITABLE PO BOX 283 SHARON, PA 16146	\$ 41,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WHEATLAND TUBE COMPANY 1 COUNCIL AVENUE, PO BOX 608 WHEATLAND, PA 16161	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF MERCER COUNTY	Employer identification number 25-1039297
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF MERCER COUNTY	Employer identification number 25-1039297
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF MERCER COUNTY

Employer identification number

25-1039297

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

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

Yes No

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- (ii) Assets included in Form 990, Part X
- ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- ▶ \$ _____
- b Assets included in Form 990, Part X
- ▶ \$ _____

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

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

- a Public exhibition
- 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	5,000.	5,000.	5,000.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,000.	5,000.	5,000.		

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

(i) unrelated organizations _____

(ii) related organizations _____

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 investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		87,500.		87,500.
b Buildings		282,138.	200,528.	81,610.
c Leasehold improvements				
d Equipment		36,584.	34,413.	2,171.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				171,281.

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ALLOCATIONS TO MEMBER AGENCIES	869,679.
(3) ALLOCATIONS TO NONMEMBER AGENCIES	92,236.
(4) OTHER DESIGNATIONS PAYABLE	4,263.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	966,178.

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,294,666.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,247,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	46,950.
4	Net unrealized gains (losses) on investments	4	18,820.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	18,820.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	65,770.

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	1,418,321.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	18,820.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	104,835.
e	Add lines 2a through 2d	2e	123,655.
3	Subtract line 2e from line 1	3	1,294,666.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,294,666.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,352,551.
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	104,835.
e	Add lines 2a through 2d	2e	104,835.
3	Subtract line 2e from line 1	3	1,247,716.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,247,716.

Part XIV Supplemental Information

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

PART V, LINE 4: A LOCAL FOUNDATION CONTRIBUTED \$5,000 TO CREATE A PERMANENT ENDOWMENT FUND. EARNINGS FROM THE ENDOWMENT FUND ARE ALLOWED TO BE USED FOR UNRESTRICTED PURPOSES.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	\$55,209
UNCOLLECTIBLE PLEDGES	\$50,957
INVESTMENT FEES	\$1,331

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES \$55,209

UNCOLLECTIBLE PLEDGES \$50,957

INVESTMENT FEES \$1,331

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF OUTING	SILENT AUCTION	2		
Revenue		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	33,131.	43,994.	34,557.	111,682.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	33,131.	43,994.	34,557.	111,682.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	4,185.			4,185.
	6	Rent/facility costs	4,460.		200.	4,660.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	12,477.	24,545.	8,740.	45,762.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(54,607)
11	Net income summary. Combine line 3, column (d), and line 10				57,075.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public
Inspection

**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.

Name of the organization

UNITED WAY OF MERCER COUNTY

Employer identification number
25-1039297

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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
AMERICAN RED CROSS, MERCER AND TRUMBULL COUNTIES - 661 MAHONING AVENUE NW, PO BOX 1390 - WARREN, OH 44482	34-0714624	501(C)(3)	73,000.	0.			PROVIDES FUNDING FOR THE DISASTER, EMERGENCY & HEALTH, SAFETY & COMMUNITY SERVICE
THE ARC OF MERCER COUNTY 850 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-1045485	501(C)(3)	61,000.	0.			PROVIDES FUNDING FOR VOCATIONAL HABILITATION PROGRAM FOR PERSONS WITH DEVELOPMENTAL
BOY SCOUTS OF AMERICA, FRENCH CREEK COUNCIL - 1815 ROBISON ROAD WEST - ERIE, PA 16509	25-0965265	501(C)(3)	12,000.	0.			PROVIDES FUNDING FOR THE CUB SCOUT PROGRAM FOR BOYS AGED 6-10
BRANDY SPRINGS PARK 105 FRANKLIN ROAD, PO BOX 414 MERCER, PA 16137	25-0950480	501(C)(3)	14,000.	0.			PROVIDES FUNDING FOR COMMUNITY RECREATION AT BRANDY SPRING PARK & ITS OPERATIONS & TO PROVIDE A
BUHL COMMUNITY RECREATION CENTER 28 NORTH PINE AVENUE SHARON, PA 16146	25-0981137	501(C)(3)	54,000.	0.			PROVIDES FUNDING FOR PROGRAMS THAT PROVIDE RECREATIONAL, SOCIAL WELLNESS & EDUCATIONAL
CATHOLIC CHARITIES COUNSELING & ADOPTION CENTER - 995 LINDEN STREET - SHARON, PA 16146	25-1041250	501(C)(3)	22,800.	0.			PROVIDES FUNDING FOR PROFESSIONAL COUNSELING & ADOPTION SERVICES & OTHER SUPPORTIVE PROGRAMS.

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

3 Enter total number of other organizations

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

UNITED WAY OF MERCER COUNTY

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
CHILDREN'S AID SOCIETY 350 WEST MARKET STREET, BOX 167 MERCER, PA 16137	25-0995759	501(C)(3)	38,500.	0.			PROVIDES FUNDING FOR PROGRAMS IMPROVING QUALITY OF LIFE FOR CHILDREN INCLUDING
CHILDREN'S CENTER OF MERCER COUNTY 900 NORTH HERMITAGE ROAD, SUITE 3 HERMITAGE, PA 16148	25-0983061	501(C)(3)	25,000.	0.			PROVIDES FUNDING FOR PROGRAMS THAT PROVIDES SPECIALIZED EDUCATION AND THERAPEUTIC SERVICES TO
COMMUNITY COUNSELING CENTER 2201 EAST STATE STREET HERMITAGE, PA 16148	25-1340027	501(C)(3)	42,500.	0.			PROVIDES FUNDING FOR OUTPATIENT PROGRAM HELPING INDIVIDUALS & FAMILIES TO ATTAIN
GIRL SCOUTS WESTERN PENNSYLVANIA 30 ISABELLA STREET PITTSBURGH, PA 15212	25-1126094	501(C)(3)	13,000.	0.			PROVIDES FUNDING FOR DAISY GIRL SCOUT PROGRAM FOR GIRLS IN KINDERGARTEN TO GRADE 3 DEVELOPING
GOOD SHEPHERD CENTER 144 - 146 MAIN STREET GREENVILLE, PA 16125	25-1662688	501(C)(3)	12,250.	0.			PROVIDES FUNDING CENTER'S FOOD PANTRY, EMERGENCY FOOD SERVICE & OCCUPANCY ASSISTANCE FOR
KEYSTONE BLIND ASSOCIATION 1230 STAMBAUGH AVENUE SHARON, PA 16146	25-0969420	501(C)(3)	72,300.	0.			PROVIDES FUNDING FOR SUPPORT SERVICES FOR THE VISUALLY IMPAIRED & EDUCATION SCREENING
MENTAL HEALTH ASSOCIATION OF MERCER COUNTY, INC - 196 STAMBAUGH AVENUE - SHARON, PA 16146	25-1184667	501(C)(3)	29,032.	0.			PROVIDES FUNDING FOR ADVOCACY & EDUCATION PROGRAMS TO IMPROVE QUALITY OF LIFE FOR
MERCER AREA LIBRARY 143 NORTH PITT STREET MERCER, PA 16137	25-1028117	501(C)(3)	14,000.	0.			PROVIDES FUNDING FOR PUBLIC LIBRARY SERVICE SERVING INFORMATIONAL, EDUCATIONAL & RECREATION
MERCER COUNTY JUVENILE ADVISORY COUNCIL - 1107 NORTH DIAMOND STREET, STE 200 - MERCER, PA 16137	25-1579128	501(C)(3)	7,200.	0.			PROVIDES FUNDING FOR CASA PROGRAM WHOSE PURPOSE IS TO COMBAT JUVENILE DELINQUENCY & DEPENDENCY

LHA

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
PRINCE OF PEACE CENTER BOX 89, 502 DARR AVENUE FARRELL, PA 16121	25-1586148	501(C)(3)	46,000.	0.			PROVIDES FUNDING FOR HOPE PROGRAM & EMERGENCY ASSISTANCE TO THOSE IN NEED.
SALVATION ARMY, GREENVILLE CORP 288 MAIN STREET GREENVILLE, PA 16125	13-5562351	501(C)(3)	17,000.	0.			PROVIDES FUNDING FOR COMPREHENSIVE ASSISTANCE PROGRAM MEETING CRISIS NEEDS FOR LOW-INCOME
SALVATION ARMY, SHENANGO VALLEY CORP - FISHER/HALL AVENUE, PO BOX 629 - SHARON, PA 16146	13-5562351	501(C)(3)	81,490.	0.			PROVIDES FUNDING FOR COMPREHENSIVE DIRECT ASSISTANCE PROGRAM, EMERGENCY HOUSING
SHENANGO VALLEY URBAN LEAGUE 601 INDIANA AVENUE FARRELL, PA 16121	25-1193018	501(C)(3)	73,257.	0.			PROVIDES FUNDING FOR SUMMER YOUTH PROGRAM, EMPLOYMENT COUNSELING PROGRAM & HOUSING/HOMELES
SHENANGO VALLEY YMCA 925 NORTH HERMITAGE ROAD HERMITAGE, PA 16148	25-1113698	501(C)(3)	103,000.	0.			PROVIDES FUNDING FOR AFTER SCHOOL CHILDREN'S PROGRAM AND YOUTH DEVELOPMENT PROGRAM OF
THE LITERACY COUNCIL OF MERCER COUNTY - 222 MAIN STREET - GREENVILLE, PA 16125	25-1575056	501(C)(3)	27,300.	0.			PROVIDES FUNDING FOR INSTRUCTION PROGRAMS FOR ADULTS & CHILDREN TO LEARN THE INFORMATION
SALVATION ARMY, MSU 700 N. BELL AVENUE CARNEGIE, PA 15106	13-5562351	501(C)(3)	3,000.	0.			PROVIDES FUNDING FOR COMPREHENSIVE ASSISTANCE PROGRAM
AWARE, INC. P.O. BOX 612 MERCER, PA 16137	25-1323657	501(C)(3)	15,000.	0.			PROVIDE FUNDING FOR ASSIST VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT.
SHENANGO VALLEY COMMUNITY LIBRARY 11 N SHARPSVILLE AVE SHARON, PA 16146	20-8392137	501(C)(3)	7,236.	0.			PROVIDES FUNDING FOR READING PROGRAMS

LHA

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

SCHEDULE I, PART I, LINE 2: WHEN APPLYING FOR GRANTS, EACH ORGANIZATION

MUST SPECIFY INTENDED USE FOR THE FUNDS REQUESTED.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS, MERCER AND TRUMBULL COUNTIES

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR THE DISASTER,

EMERGENCY & HEALTH, SAFETY & COMMUNITY SERVICE PROGRAMS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE ARC OF MERCER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR VOCATIONAL HABILITATION PROGRAM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, STEPS PROGRAM & PROVOCATIONAL CENTER EDUCATION & TRAINING PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: BRANDY SPRINGS PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR COMMUNITY RECREATION AT BRANDY SPRING PARK & ITS OPERATIONS & TO PROVIDE A MEANS TO PREVENT JUVENILE DELINQUENCY.

NAME OF ORGANIZATION OR GOVERNMENT: BUHL COMMUNITY RECREATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR PROGRAMS THAT PROVIDE RECREATIONAL, SOCIAL WELLNESS & EDUCATIONAL PROGRAMS FOR PEOPLE OF ALL AGES IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S AID SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR PROGRAMS IMPROVING QUALITY OF LIFE FOR CHILDREN INCLUDING ADOPTION SERVICES, DAYCARE & FAMILY SUPPORTIVE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S CENTER OF MERCER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR PROGRAMS THAT PROVIDES SPECIALIZED EDUCATION AND THERAPEUTIC SERVICES TO ALL CHILDREN IN MERCER COUNTY.

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY COUNSELING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR OUTPATIENT PROGRAM HELPING INDIVIDUALS & FAMILLIES TO ATTAIN HEALTH & FULFILLNG

Part IV Supplemental Information

LIVES.

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS WESTERN PENNSYLVANIA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR DAISY GIRL SCOUT PROGRAM FOR GIRLS IN KINDERGARTEN TO GRADE 3 DEVELOPING GIRLS CONFIDENCE, COURAGE & CHARACTER.

NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPHERD CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING CENTER'S FOOD PANTRY, EMERGENCY FOOD SERVICE & OCCUPANCY ASSISTANCE FOR ECONOMICALLY CHALLENGED OF GREATER GREENVILLE AREA.

NAME OF ORGANIZATION OR GOVERNMENT: KEYSTONE BLIND ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR SUPPORT SERVICES FOR THE VISUALLY IMPAIRED & EDUCATION & SCREENING PROGRAMS TO REDUCED INCIDENCE OF BLINDNESS.

NAME OF ORGANIZATION OR GOVERNMENT:

MENTAL HEALTH ASSOCIATION OF MERCER COUNTY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR ADVOCACY & EDUCATION PROGRAMS TO IMPROVE QUALITY OF LIFE FOR PERSONS WITH MENTAL ILLNESS & THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: MERCER AREA LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR PUBLIC LIBRARY SERVICE SERVING INFORMATIONAL, EDUCATIONAL & RECREATION NEEDS OF MERCER & THE SURROUNDING AREAS.

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MERCER COUNTY JUVENILE ADVISORY COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR CASA PROGRAM
WHOSE PURPOSE IS TO COMBAT JUVENILE DELINQUENCY & DEPENDENCY & CHILD
ABUSE PREVENTION & COMMUNITY SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, GREENVILLE CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR COMPREHENSIVE
ASSISTANCE PROGRAM MEETING CRISIS NEEDS FOR LOW-INCOME FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, SHENANGO VALLEY CORP

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR COMPREHENSIVE
DIRECT ASSISTANCE PROGRAM, EMERGENCY HOUSING SERVICES & SOCIAL
DEVELOPMENT THROUGH IN-HOUSE FELLOWSHIP ACTIVITIES.

NAME OF ORGANIZATION OR GOVERNMENT: SHENANGO VALLEY URBAN LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR SUMMER YOUTH
PROGRAM, EMPLOYMENT COUNSELING PROGRAM & HOUSING/HOMELES ASSISTANCE TO
ECONOMICALLY & SOCIALLY DISADVANTAGED IN THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: SHENANGO VALLEY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR AFTER SCHOOL
CHILDREN'S PROGRAM AND YOUTH DEVELOPMENT PROGRAM OF INSTRUCTIONAL
CLASSES.

NAME OF ORGANIZATION OR GOVERNMENT: THE LITERACY COUNCIL OF MERCER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES FUNDING FOR INSTRUCTION
PROGRAMS FOR ADULTS & CHILDREN TO LEARN THE INFORMATION THEY NEED TO

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF MERCER COUNTY

Employer identification number
25-1039297

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

MEMBER AGENCIES WHO PROVIDE SOCIAL SERVICES & PROGRAMS TO THOSE IN
NEED; UNITED WAY OF MERCER COUNTY PROVIDES FUNDRAISING, ALLOCATION, &
PLANNING SERVICES TO ITS MEMBER AGENCIES.

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

PARTNER AGENCIES HELPS MERCER COUNTY RESIDENTS FROM THE YOUNG TO THE
ELDERLY. PROGRAMS LIKE 'SUCCESS BY 6' HELP THE EARLY DEVELOPMENT OF
CHILDREN SO THEY CAN COME TO SCHOOL READY FOR SUCCESS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE 990 IS PROVIDED TO
THE EXECUTIVE DIRECTOR TO REVIEW WITH THE BOARD BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE EXPECTED TO
DISCLOSE ANY CONFLICTS OF INTEREST PRIOR TO DISCUSSION OR VOTE.

FORM 990, PART VI, SECTION B, LINE 15: A REVIEW AND APPROVAL ARE CONDUCTED
IN A SESSION OF THE BOARD WITHOUT SAID EMPLOYEES PRESENT.

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST TO EXECUTIVE DIRECTOR
AT UNITED WAY OFFICE.

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

NET UNREALIZED GAINS ON INVESTMENTS: 18,820.