

Form **990**

Return of Organization Exempt From Income Tax

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

2005
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 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Valley United Way, Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3 Corporate Drive 501

City or town, state or country, and ZIP + 4
Shelton CT 06484

D Employer identification no.
06-0847098

E Telephone number
203-926-9478

F Accounting method: Cash Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and I are not applicable to section 527 organizations.
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates Yes No
- H(c)** Are all affiliates included? Yes No (If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: **www.valleyunitedway.org**

J Organization type (check only one) 501(c) (**3**) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

I Group Exemption Number

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 1 **1,237,933**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	963,246		
	b Indirect public support	1b	219,378		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 1,182,624 noncash \$)	1d			1,182,624
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			13,387
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		8a			
	b Less: cost or other basis and sales expenses	8b	6,405		
	c Gain or (loss) (attach schedule)	8c	-6,405		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			-6,405	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			41,922	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			1,231,528	
Expenses	13 Program services (from line 44, column (B))	13			1,038,032
	14 Management and general (from line 44, column (C))	14			126,007
	15 Fundraising (from line 44, column (D))	15			204,383
	16 Payments to affiliates (attach schedule) See Statement 2	16			9,947
	17 Total expenses (add lines 16 and 44, column (A))	17			1,378,369
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-146,841
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			846,924
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			700,083

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmt 3 (cash \$ 718,248 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	718,248	718,248		
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>				
24	Benefits paid to or for members (attach schedule) _____				
25	Compensation of officers, directors, etc. _____				
26	Other salaries and wages _____	357,595	163,985	74,291	119,319
27	Pension plan contributions _____				
28	Other employee benefits _____	63,310	25,618	15,433	22,259
29	Payroll taxes _____	30,398	14,793	6,616	8,989
30	Professional fundraising fees _____				
31	Accounting fees _____				
32	Legal fees _____				
33	Supplies _____	17,633	14,796	1,068	1,769
34	Telephone _____	3,358	2,302	528	528
35	Postage and shipping _____	3,904	1,196	850	1,858
36	Occupancy _____	5,299	2,119	1,590	1,590
37	Equipment rental and maintenance _____	15,330	7,619	4,092	3,619
38	Printing and publications _____	22,132	19,155	1,212	1,765
39	Travel _____	2,847	1,465	324	1,058
40	Conferences, conventions, and meetings _____	16,335	11,851	1,043	3,441
41	Interest _____				
42	Depreciation, depletion, etc. (attach schedule) _____	14,137	6,043	2,679	5,415
43	Other expenses not covered above (itemize):				
a	See Statement 4 _____	97,896	48,842	16,281	32,773
b	_____				
c	_____				
d	_____				
e	_____				
f	_____				
g	_____				
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,368,422	1,038,032	126,007	204,383

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **See Statement 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a See Statement 6

(Grants and allocations \$ **718,248**)

If this amount includes foreign grants, check here ▶

718,248

b See Statement 7

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

319,784

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

1,038,032

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash-non-interest-bearing	136,807	45	15,274	
	46 Savings and temporary cash investments	400,000	46	504,250	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	665,368			
	b Less: allowance for doubtful accounts	48b 138,958	507,390	48c	526,410
	49 Grants receivable	47,500	49	43,000	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	2,864	53	4,159	
	54 Investments-securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments-land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
	56 Investments-other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	57a 92,407			
	b Less: accumulated depreciation (attach schedule) See Statement 8	57b 73,717	37,992	57c	18,690
	58 Other assets (describe		58		
	59 Total assets (must equal line 74). Add lines 45 through 58.	1,132,553	59	1,111,783	
Liabilities	60 Accounts payable and accrued expenses	27,711	60	31,612	
	61 Grants payable		61		
	62 Deferred revenue See Statement 9	178,206	62	194,602	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe See Statement 10	79,712	65	185,487	
66 Total liabilities. Add lines 60 through 65	285,629	66	411,701		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check her <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	846,924	67	700,083	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check her <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	846,924	73	700,083	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	1,132,553	74	1,111,784	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,271,513
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	39,985	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	39,985
c	Subtract line b from line a		c	1,231,528
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	1,231,528

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	1,418,354
b	Amounts included on line a but not Part I, line 17:			
1	Donated services and use of facilities	b1	39,985	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	39,985
c	Subtract line b from line a		c	1,378,369
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	1,378,369

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (Total number of officers... 29), 75b (Are any officers... relationships?), 75c (Do any officers... tax exempt or taxable...), and 75d (Does the organization have a written conflict of interest policy?).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contrib. to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains N/A.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (Did the organization engage in any activity...), 77 (Were any changes made...), 78a (Did the organization have unrelated business gross income...), 78b (If "Yes," has it filed a tax return...), 79 (Was there a liquidation...), 80a (Is the organization related...), 80b (If "Yes," enter the name of the organization...), 81a (Enter direct and indirect political expenditures...), and 81b (Did the organization file Form 1120-POL...).

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed CT		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	7
91a	The books are in care of John J. Walsh Telephone no. 203-926-9478 3 Corporate Drive Located at Shelton, CT ZIP + 4 06484		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country	91b	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
c	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13,387	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-6,405
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b Other Revenue					41,922
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		13,387	35,517
105 Total (add line 104, columns (B), (D), and (E))					48,904

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of officer: **John J. Walsh** Date: _____
 Type or print name and title: **President/Chief Operating Officer**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **11/15/06** Check if self-employed: Preparer's SSN or PTIN (See Gen. Instr. W): **043-28-9636**

Firm's name (or yours if self-employed), address, and ZIP + 4: **Francis H. Michaud, Jr., CPA, LLC**
230 Wakelee Avenue
Ansonia, CT 06401 EIN: **03-0500350** Phone no.: **203-732-2311**

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

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury
Internal Revenue Service

Name of the organization

Valley United Way, Inc.

Employer identification number
06-0847098

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
Jane Snaider 59 Alston Avenue New Haven CT 06515	Dir of Resource Dev 40	59,875	11,205	0
Catherine Adsitt 24 JoMar Drive Sandy Hook CT 06482	Exec Dir Valley Need 40	64,975	5,295	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶		
--	--	--

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, grants, and compensation.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
11a X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
12 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1, Type 2, Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above.

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	567,641	1,223,997	1,025,537	842,482	3,659,657
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,084	7,968	5,402	4,992	22,446
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets Stmt 12	30,085	56,774	48,625	57,127	192,611
23 Total of lines 15 through 22	601,810	1,288,739	1,079,564	904,601	3,874,714
24 Line 23 minus line 17	601,810	1,288,739	1,079,564	904,601	3,874,714
25 Enter 1% of line 23	6,018	12,887	10,796	9,046	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	77,494
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,874,714
d Add: Amounts from column (e) for lines: 18 <u>22,446</u> 19 _____	26d	215,057
22 <u>192,611</u> 26b _____	26e	3,659,657
e Public support (line 26c minus line 26d total)	26f	94.4497%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: **N/A**

(2004) _____ (2003) _____ (2002) _____ (2001) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for Calendar year (or fiscal year beginning in) and sub-columns (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include lines 45-50 for nontaxable and ceiling amounts.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions) **N/A**

Table for reporting lobbying activity. Columns: Yes, No, Amount. Rows list activities from (a) Volunteers to (i) Total lobbying expenditures, plus a note about attaching a statement if 'Yes' to any activity.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of:
(i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

Table with 2 columns: Yes, No. Rows include 51a(i), a(ii), b(i)-(vi), and c. All 'No' boxes are checked with an 'X'.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172
2005
Attachment Sequence No. **67**

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Valley United Way, Inc.** Identifying number **06-0847098**

Business or activity to which this form relates
Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	13,344

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	793
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	14,137
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

Federal Statements**Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

<u>Desc</u>		<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Deprec</u>	<u>Gain/-Loss</u>
	Purchase					\$	\$	\$	\$
Total						\$ 0	\$ 0	\$ 0	\$ 0

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

<u>Desc</u>		<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Deprec</u>	<u>Gain/-Loss</u>
LEASEHOLD IMPROVEMENTS	Purchase			12/01/86	6/21/06	\$	\$ 767	\$ 767	\$
LEASEHOLD IMPROVEMENTS	Purchase			2/01/86	6/21/06		280	280	
Carpeting	Purchase			11/25/02	6/21/06		4,648	1,110	-3,538
Firewall	Purchase			4/26/02	6/21/06		743	619	-124
Cabinets	Purchase			6/29/04	6/21/06		1,873	375	-1,498
Carpeting	Purchase			7/29/04	6/21/06		2,019	774	-1,245
Total						\$ 0	\$ 10,330	\$ 3,925	\$ -6,405

Federal Statements**Statement 2 - Form 990, Part I, Line 16 - Payments to Affiliates**

Bus Name	Addr	Purpose	Amount
			\$ 9,947
Total			\$ 9,947

Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
Date of Gift	Description of Property						
American Red Cross			\$ 84,564	\$			
Area Congregations Together			14,277				
Big Brothers/Big Sisters			9,335				
Boy Scouts			56,010				
Boys and Girls Club			103,233				
Shelton Catholic Family Service			16,875				
CT United Way-Info Line			10,995				
Derby Day Care Center			3,514				
Recreation Camp			29,652				
Girl Scouts			19,768				
International Institute			1,772				
Jewish Family Service			5,491				

Federal Statements**Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**
(continued)

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantn</u>	<u>FMV Explantn</u>
Julia Day Nursery					\$ 2,196	\$			
Liberty Center					27,456				
LNV Parent Child Resource Center					32,947				
Rape Crisis Center					16,473				
Seymour-Oxford Nursery and Child Ca					4,393				
U.S.O.					550				
Umbrella					31,849				
New Haven Legal Assistance					6,589				
Valley YMCA					49,420				
Visiting Nurse Assoc. of the Valley					21,965				
Safe Homes					5,491				
Ansonia Catholic Family Service					63,433				
Ansonia Project/Boys & Girls Club					25,000				
Area Congregations Together/Spooner					20,000				
St Vincent DePaul					5,000				
TEAM, Inc					35,000				
Born Learning					10,000				

Federal Statements

Statement 3 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions
(continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift		Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
United Way of CT-Childcare Capacity						\$ 5,000	\$	\$		
Total						\$ 718,248	\$ 0	\$ 0		

Federal Statements**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Professional Fees	33,830	26,540	3,645	3,645
Campaign Supplies	27,819			27,819
Special Events	12,857	12,857		
Grants and Program Expenses	4,170	4,170		
Miscellaneous	7,914	5,270	1,339	1,305
Moving	11,306	5	11,297	4
Total	<u>\$ 97,896</u>	<u>\$ 48,842</u>	<u>\$ 16,281</u>	<u>\$ 32,773</u>

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

Valley United Way's primary exempt purpose is to develop and provide financial assistance and community leadership to nonprofit human service organizations which meet identified community needs in Ansonia, Derby, Oxford, Seymour and Shelton, Connecticut.

Statement 6 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

Valley United Way provides direct funding to support successful programs demonstrating real community impact to twenty-four partner agencies in the community through a regular allocations process conducted by community volunteers and approved by its volunteer board of directors. Additionally, it provides other issue related grants for priority needs in the community as identified by the Board of Directors. It also conducts a small grants program tied to donor designated funds for special areas of need. Donor directed donations are also made to a variety of non-profit groups as directed by donors. Additional resources are provided to any nonprofit group in the community through its product donation program. This program provides locally and nationally donated items to needy agencies in the Valley community. It also facilitates the human capital in the area by maintaining a Volunteer Center and on-line volunteer referral service which provides additional volunteer resources to the entire community.

Statement 7 - Form 990, Part III, Line b - Statement of Program Service AccomplishmentsDescription

In addition to its direct funding practices, Valley United Way strengthens the community through a variety of special programs and initiatives starting with its Volunteer Action Center which serves as a hub for volunteerism in the community by providing resources to

Federal Statements**Statement 7 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**
(continued)Description

facilitate volunteer activities in the community. It operates an innovative on-line volunteer matching system (Volunteer Solutions) which allows both volunteers and those needing volunteers to participate in an always-available system in addition to the live services of the Center.

United Way also operates a very successful Corporate Volunteer Council which provides a vehicle for community involvement and leadership for the region's business community. Members of the Council work collaboratively to help meet the needs of the community through a variety of special activities including food and clothing drives and hands-on improvement projects. During the past year, the group built a house made up of 100,000 donated canned and boxed food items which were then distributed to area food banks and feeding programs. They also clothed more than 170 children for the beginning of the new school year.

Its monthly clothing drive supports services for victims of domestic violence and the food drives support the area's food bank. The group also collects cell phones for victims of domestic violence and crochets blankets that are donated for use by counselors and police when conducting crisis intervention calls.

United Way also coordinates a similar Council for the Valley's high schools. All five of the local high schools participate in a cooperative venture to increase student volunteer involvement in meeting the needs of the community. This group's major success during the year was to plan and carry out a major fund raiser for two local children suffering from catastrophic medical problems.

The Youth Leadership program provides area high school students with a training program and opportunity to develop and use leadership skills. In addition to their training, the students put their skills to work in conducting a needs assessment and administering their own small grants program where they make small grants to area groups working on issues identified as priorities for area teens. They also conducted their own fund raising activities and donated the proceeds to cover the medical bills of another sick child in the community.

As a community facilitator, Valley United Way also hosts and provides support services for two major Valley institutions. The Valley Council for Health & Human Services is a collaborative group of the region's nonprofit health and human service providers. United Way is also a partner with the Council and the Greater Valley Chamber of Commerce in conducting the Leadership Greater Valley program which recruits, trains and places a diverse group of new volunteer leaders for the community. The Valley Needs and Opportunities Project is also based at United Way and it provides planning and coordination

Federal Statements**Statement 7 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**
(continued)Description

for the region and conducts needs and assets assessments as a basis for planning.

Valley United Way is also deeply committed to early childhood initiatives, and acts as a fiduciary for the City of Ansonia on an early childhood program called Discovery.

United Way also serves as the local coordinator for FEMA funding in the area helping to facilitate the coordination and distribution of FEMA funding in the Valley area.

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and EquipmentDescription

	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Furniture & Equipment	\$ 101,496	\$ 63,504	\$ 92,407	\$ 73,717
Total	<u>\$ 101,496</u>	<u>\$ 63,504</u>	<u>\$ 92,407</u>	<u>\$ 73,717</u>

Statement 9 - Form 990, Part IV, Line 62 - Deferred Revenue

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred Revenue - Grants	\$ 149,520	\$ 161,378
Deferred Revenue - Other	28,686	33,224
Total	<u>\$ 178,206</u>	<u>\$ 194,602</u>

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Designation Payable	\$ 77,061	\$ 89,088
Capital lease long term portion	2,651	
Allocations Payable		96,399
Total	<u>\$ 79,712</u>	<u>\$ 185,487</u>

Federal Statements**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name</u>	<u>Address</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
<u>City, State, Zip</u>	<u>Title</u>				
Joseph Andreana	PO Box 209 Shelton CT 06484	Secretary	1	0	0
Alfred Felice, Jr.	801 Bridgeport Avenue Shelton CT 06484	Director	1	0	0
Paul Blanco	6 Corporate Drive Shelton CT 06484	Director	1	0	0
William Dunlop	80 Great Hill Road Seymour CT 06483	Director	1	0	0
Yuk Ping Ng	1 Elmcroft Road Stamford CT 06907	Director	1	0	0
David M. Grant	458 River Road Shelton CT 06484	Director	1	0	0
Edward DeMarseilles	333 Bridgeport Avenue Shelton CT 06484	Director	1	0	0
William Partington	49 Pershing Drive Derby CT 06418	Director	1	0	0
Lisa Behling	3 Corporate Drive Shelton CT 06484	Director	1	0	0
James E Ryan	64 Bridge Street Shelton CT 06484	Director	1	0	0
John J. Walsh	75 Liberty Street Ansonia CT 06401	Pres & CEO	40	80,580	14,143
Joseph Pagliaro, Jr.	390 River Road Shelton CT 06484	Director	1	0	0
Melissa Pucci	409 Prospect Street New Haven CT 06510	Director	1	0	0
Larry Thomas	36 Main Street Ansonia CT 06401	Director	1	0	0
Michael S. Marcinek	3 Corporate Drive Shelton CT 06484	Treasurer	1	0	0
Millie Rios	121 Great Hill Road Ansonia CT 06401	Director	1	0	0
Robert VanEgghen	710 Bridgeport Avenue Shelton CT 06484	Director	1	0	0

Federal Statements**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name</u>	<u>Address</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>	
<u>City, State, Zip</u>	<u>Title</u>					
Peter Galla	87 Church Street Naugatuck CT 06770	Director	1	0	0	0
Richard Rosen	230 Long Hill Cross Road Shelton CT 06484	Director	1	0	0	0
Robin Skowronski	54 Hill Street Shelton CT 06484	Director	1	0	0	0
Timothy Gugino	3 Corporate Drive Shelton CT 06484	Director	1	0	0	0
Russell Stockman	375 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
Ruth Parkins	1 Corporate Drive Shelton CT 06484	Chair	1	0	0	0
Thomas Welch	375 Bridgeport Avenue Shelton CT 06484	Vice-Chair	1	0	0	0
William C. Nimons	860 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
William Lesko	4 Corporate Drive Shelton CT 06484	Director	1	0	0	0
William M. Miller, Jr.	2 Deanna Drive Oxford CT 06478	Director	1	0	0	0
Robert Casagrande	3 Corporate Drive Shelton CT 06484	Director	1	0	0	0
Cheryl Nickerson	3 Corporate Drive Shelton CT 06484	Director	1	0	0	0
Cynthia Troxler	3 Corporate Drive Shelton CT 06484	Director	1	0	0	0

Federal Statements**Statement 12 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
	\$ <u>30,085</u>	\$ <u>56,774</u>	\$ <u>48,625</u>	\$ <u>57,127</u>
Total	\$ <u><u>30,085</u></u>	\$ <u><u>56,774</u></u>	\$ <u><u>48,625</u></u>	\$ <u><u>57,127</u></u>

STATE OF CONNECTICUT
OFFICE OF THE ATTORNEY GENERAL / DEPARTMENT OF CONSUMER PROTECTION
ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS
FORM PCUREG-01, REV 08/05 4 PAGES
TELEPHONE: (860) 808-5030

STATE OF CONNECTICUT
Charitable Organization Registration Application

This is a four page application, including instructions. Please read the instructions on pages 3 and 4 before completion.

1. Has this organization ever been registered as a charitable organization in Connecticut?

Yes No **IF YES**, enter Connecticut Charities Registration Number: 2168

2. Organization's Legal Name: Valley United Way, Inc.

Mailing Address: 3 Corporate Drive 501

City: Shelton State: CT Zip Code: 06484

Tel. Number: 203-926-9478 Fax Number: _____

Web Site URL: www.valleyunitedway.org

E-Mail Address: johnwalsh.uw@snet.net

Federal Employer Identification Number (FEIN): 06-0847098

Exempt under Internal Revenue Code Section 501(c)(3) (insert code section if exempt)

3. Names, other than the name given above, under which funds will be solicited (attach a sheet if needed).

4. Is the organization incorporated? Yes No

IF YES, enter the State of incorporation: _____

5. Questions 5a, 5b, 5c, and 5d relate to your organization's most recently completed year end. **If your answer to any question is YES** attach a detailed explanation for that question.

a. Has there been any change in the organization's tax status with the IRS? Yes No

b. Has there been a significant change in the purpose of the organization? Yes No

c. Has the organization's right to solicit funds been denied, suspended, revoked, or enjoined by any state agency or by any court, or are proceedings pending? Yes No

d. Has the organization entered into a voluntary agreement of compliance with any government agency? Yes No

6. Have any of the directors or employees of the organization been subject to intermediate sanctions imposed by the Internal Revenue Service? **IF YES**, attach a detailed explanation. Yes No

7. Describe the purposes of the organization and describe its major program activities (attach a sheet if needed).

See Statement 1

8. Does the organization plan to use an outside fund-raising counsel or paid solicitor within the registration period? **IF YES**, attach a separate sheet with its name and address. Yes No

9. Has the organization used an outside fund-raising counsel or paid solicitor during its most recently completed year? **IF YES**, attach a sheet with its name and address. Yes No

10. If this application is for an **initial** registration, has the organization solicited contributions in Connecticut during any year prior to the year reported with this application? Yes No
If YES, the organization must include a financial report (IRS form and audit if required) for each such year in which the organization solicited in Connecticut but was not registered. No prior year reports are due for years ending before September 30, 2005.

11. If this application is a **renewal** application of an organization which let its registration expire, has the organization solicited contributions in Connecticut during any year when its application had expired? Yes No
If YES, the organization must include a financial report (IRS form and audit if required) for each such year in which the organization solicited in Connecticut but was not registered. No prior year reports are due for years ending before September 30, 2005.

12. Required Attachments to this application form:

Attach a completed IRS Form 990, 990EZ or 990PF for your **most recently completed year**. (See instructions on page 3.) **For initial applications only**, applicants may attach the prior year IRS form if your most recently completed year end IRS form is not complete.

In addition to the IRS Form mentioned above, an audit may be required. Was gross revenue in excess of \$200,000 during the report year accompanying this application? Yes No
If YES, attach an audit to this form.
The terms "audit" and "gross revenue" are explained in the instructions to this form.

Attach a list of the names, titles and addresses of officers, directors, trustees, and the principal salaried employees of the organization. **See Statement 2**

If questions 4, 5, 6, 8, 9, 10 or 11 were answered **YES**, attach the required documents.

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signed: _____ Signed: _____
Printed Name: _____ Printed Name: _____
Title: _____ Title: _____
Date: 11/15/06 Date: 11/15/06

STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM

Public Act No. 05-101 provides:

In the event the department determines that the application for registration does not contain the information, fees and documents required, the department shall notify the charitable organization, in writing, of such noncompliance not later than ten days after the department's receipt of such application for registration. An application for registration shall be deemed to be approved if the charitable organization is not notified of noncompliance by the department not later than ten days after the department's receipt of the application for registration. Any such charitable organization may request a hearing on its noncompliant status not later than seven days after receipt of such noncompliance notice. Such hearing shall be held not later than seven days after the department's receipt of such request and a determination as to the organizations's compliance status shall be rendered no later than three days after such hearing.