

# 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)

**2003**

**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 2003 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

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

**C** Name of organization  
 United Way of Broome County, Inc.  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
 PO Box 1616  
 City or town State or country ZIP + 4  
 Binghamton NY 13902-0550

**D** Employer identification number  
 15-0564074

**E** Telephone number  
 607-729-2592

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**G** Website: [uwbroome.org](http://uwbroome.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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **9,262,009**

**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 \_\_\_\_\_  
**H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instructions.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number \_\_\_\_\_  
**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

		(A) Securities	(B) Other	
Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	3,519,156	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	<b>1d</b>		3,519,156
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		161,624
	<b>3</b> Membership dues and assessments	<b>3</b>		0
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		19,950
	<b>5</b> Dividends and interest from securities	<b>5</b>		546,563
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0
<b>7</b> Other investment income (describe _____)	<b>7</b>		0	
<b>8 a</b> Gross amount from sales of assets other than inventory				
		4,985,905	<b>8a</b>	0
	<b>b</b> Less: cost or other basis and sales expenses	5,635,975	<b>8b</b>	0
	<b>c</b> Gain or (loss) (attach schedule)	-650,070	<b>8c</b>	0
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		-650,070	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	0	
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	0	
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0
<b>10 a</b> Gross sales of inventory, less returns and allowances				
	<b>b</b> Less: cost of goods sold	<b>10a</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10b</b>		0
<b>10c</b>			0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		28,811	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		3,626,034	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		3,598,856
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		238,237
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		195,388
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		30,322
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		4,062,803
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		-436,769	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		22,592,774	
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		3,323,958	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		25,479,963	

For Paperwork Reduction Act Notice, see the separate instructions.

**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 page 22 of 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) (cash \$ 3,156,445 noncash \$ 103,292)	3,259,737	3,259,737		
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	0			
26	Other salaries and wages	444,976	190,113	154,661	100,202
27	Pension plan contributions	7,753	3,312	2,695	1,746
28	Other employee benefits	27,913	11,925	9,702	6,286
29	Payroll taxes	33,033	14,113	11,481	7,439
30	Professional fundraising fees	0			
31	Accounting fees	8,000	0	8,000	
32	Legal fees	750		750	
33	Supplies	15,867	7,736	4,578	3,553
34	Telephone	7,956	4,811	1,909	1,236
35	Postage and shipping	14,515	6,457	4,871	3,187
36	Occupancy	26,226	11,205	9,115	5,906
37	Equipment rental and maintenance	6,479	2,768	2,252	1,459
38	Printing and publications	65,305	8,410	7,387	49,508
39	Travel	4,682	1,639	1,762	1,281
40	Conferences, conventions, and meetings	3,366	1,563	1,212	591
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	31,694	13,895	9,818	7,981
43	Other expenses not covered above (itemize): a	0			
	b subcontract and consultants	58,283	57,200	860	223
	c Dues and subscriptions	5,145	634	4,467	44
	d Insurance	6,916	2,955	2,404	1,557
	e Miscellaneous	3,885	383	313	3,189
	f	0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	4,032,481	3,598,856	238,237	195,388

**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 \$ 0; (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 page 25 of the instructions.)

What is the organization's primary exempt purpose? See Attached Statement	Program Service Expenses
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.)	Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a Allocations to local agencies whose objectives meet United Way of Broome's criteria for charitable and social services to be provided to the community and the related expenses. Also includes donor designations to other qualified 501(c)(3) charities. See also attached service areas (Grants and allocations \$ 3,259,737 )	3,342,937
b First Call for Help- Information referral service which provides a link for people in need with the appropriate service organization. Information is maintained in a database which is also published. (Grants and allocations \$ )	61,489
c Voluntary Action Center/Day of Caring- Promotion of volunteerism in the community by linking individuals with volunteer opportunities and annual promotion of a day of community projects completed by volunteers. (Grants and allocations \$ )	23,800
d Community planning- This program attempts to identify unmet community needs, and seeks community partnerships and coalitions to find solutions to fill those needs. This program also provides contract monitoring services for various community planning programs. (Grants and allocations \$ )	170,630
e Other program services (attach schedule) (Grants and allocations \$ )	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>3,598,856</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

				(A)		(B)		
				Beginning of year		End of year		
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.								
Assets	45	Cash—non-interest-bearing . . . . .		400	45	400		
	46	Savings and temporary cash investments . . . . .		2,217,108	46	1,841,543		
	47 a	Accounts receivable . . . . .	47a	0				
	b	Less: allowance for doubtful accounts . . . . .	47b	0			47c	0
	48 a	Pledges receivable . . . . .	48a	2,895,469				
	b	Less: allowance for doubtful accounts . . . . .	48b	263,666			48c	2,631,803
	49	Grants receivable . . . . .			49			
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	50	0		
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a	0				
	b	Less: allowance for doubtful accounts . . . . .	51b	0			51c	0
	52	Inventories for sale or use . . . . .			52			
	53	Prepaid expenses and deferred charges . . . . .		69,495	53	64,228		
	54	Investments—securities (attach schedule) . . . . .		17,921,759	54	20,890,469		
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a	0				
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b	0			55c	0
	56	Investments—other (attach schedule) . . . . .		0	56	0		
	57 a	Land, buildings, and equipment: basis . . . . .	57a	694,479				
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b	446,557			57c	247,922
58	Other assets (describe <input type="checkbox"/> See attached worksheet ) . . . . .		315,403	58	269,851			
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .			23,024,847	59	25,946,216			
Liabilities	60	Accounts payable and accrued expenses . . . . .		212,459	60	221,429		
	61	Grants payable . . . . .		219,614	61	244,824		
	62	Deferred revenue . . . . .			62			
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	63	0		
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .		0	64a	0		
	b	Mortgages and other notes payable (attach schedule) . . . . .		0	64b	0		
	65	Other liabilities (describe <input type="checkbox"/> ) . . . . .		0	65	0		
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .			432,073	66	466,253			
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.							
	67	Unrestricted . . . . .		12,467,158			67	14,988,793
	68	Temporarily restricted . . . . .		2,136,481			68	2,436,059
	69	Permanently restricted . . . . .		7,989,135	69	8,055,111		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21) . . . . .		22,592,774	73	25,479,963			
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		23,024,847	74	25,946,216			

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . . ▶	<b>a</b>	6,780,547
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 3,356,514		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants . . . . \$		
(4)	Other (specify): Pension adjust. . . . \$ -32,556		
	----- Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	3,323,958
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	3,456,589
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify): Designated gifts . . . \$ 169,445		
	----- Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	169,445
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	3,626,034

<b>a</b>	Total expenses and losses per audited financial statements . . . . . ▶	<b>a</b>	3,893,358
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 . . . . . \$		
(3)	Losses reported on line 20, Form 990 . . . . \$		
(4)	Other (specify): ----- ----- \$		
	----- Add amounts on lines (1) through (4) . . . ▶	<b>b</b>	0
<b>c</b>	Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b>	3,893,358
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b> :		
(1)	Investment expenses not included on line 6b, Form 990 . . . . \$		
(2)	Other (specify): Donor choice adjust. . . \$ 169,445		
	----- Add amounts on lines (1) and (2) . . . ▶	<b>d</b>	169,445
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ) . . . . . ▶	<b>e</b>	4,062,803

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name <u>John G. Spencer</u> Str <u>PO Box 550</u> City <u>Binghamton</u> ST <u>NY</u> ZIP <u>13902</u>	Title <u>Exec. Director</u> Hr/WK <u>40-45</u>	<u>75,962</u>	<u>0</u>	<u>0</u>
Name <u>see attached</u> Str <u>C/O United Way</u> City ST ZIP	Title <u>Board of Direct</u> Hr/WK	<u>0</u>	<u>0</u>	<u>0</u>
Name ----- Str ----- City ST ZIP	Title ----- Hr/WK			
Name ----- Str ----- City ST ZIP	Title ----- Hr/WK			
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Name ----- Str ----- City ST ZIP	Title ----- Hr/WK			

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions.

Part VI Other Information (See page 28 of the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity... 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement... 80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? b If "Yes," enter the name of the organization... and check whether it is [ ] exempt or [ ] nonexempt. 81 a Enter direct and indirect political expenditures. See line 81 instructions. 81a None b Did the organization file Form 1120-POL for this year? 82 a 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? 82a 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 0 83 a Did the organization comply with the public inspection requirements for returns and exemption applications 83a X b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X 84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b 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. 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 0 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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? 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 88 X 89 a 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 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 [ ] 0 d Enter: Amount of tax on line 89c, above, reimbursed by the organization [ ] 0 90 a List the states with which a copy of this return is filed [ ] NY b Number of employees employed in the pay period that includes March 12, 2003 (See instructions) 90b 19 91 The books are in care of [ ] Name Lisa A. Brooks Telephone no. [ ] 607-729-2592 Located at [ ] 101 S. Jensen Road City Vestal ST NY Zip + 4 [ ] 13850 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 N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> Community planning					150,074
<b>b</b> First Call For Help					10,590
<b>c</b> Sale of Human Services Directories					960
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	19,950	
<b>96</b> Dividends and interest from securities			14	546,563	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b> Miscellaneous			01	4,628	
<b>b</b> Day of Caring					12,100
<b>c</b> Administrative fees- Donor choice					12,083
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))			0	571,141	185,807
<b>105</b> Total (add line 104, columns (B), (D), and (E))					756,948

**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 page 34 of 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).
93b	Amounts received from surrounding counties to provide information and referral services
93a	Contract revenue received on for providing project monitoring and other services to programs designed to improve job opportunities in the community and for contracts related to county wide community planning.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of 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 \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title. \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. W) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4 \_\_\_\_\_ EIN \_\_\_\_\_ Phone no. \_\_\_\_\_

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

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

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

**2003**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

United Way of Broome County, Inc.

15-0564074

**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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Name				
Str				
City	Title			
ST	Avg hr/wk			
Zip				
Country				
Total number of other employees paid over \$50,000				

**Part II 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
Name		
Check here if a business <input type="checkbox"/>		
Str None		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Name		
Check here if a business <input type="checkbox"/>		
Str		
City		
ST		
ZIP		
Country		
Total number of others receiving over \$50,000 for professional services		

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
<b>e</b>	Transfer of any part of its income or assets?		X
<b>3 a</b>	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	X	
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

**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** ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 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.)
- 11 a**  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.)
- 11 b**  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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,532,316	3,101,334	3,231,798	2,840,908	11,706,356
<b>16</b> Membership fees received					0
<b>17</b> 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
<b>18</b> 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	619,072	724,819	1,081,814	646,254	3,071,959
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				17,411	17,411
<b>23</b> Total of lines 15 through 22	3,151,388	3,826,153	4,313,612	3,504,573	14,795,726
<b>24</b> Line 23 minus line 17	3,151,388	3,826,153	4,313,612	3,504,573	14,795,726
<b>25</b> Enter 1% of line 23	31,514	38,262	43,136	35,046	
<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 295,915
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b> /
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 14,795,726
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>3,071,959</u> 19 <u>0</u> 22 <u>17,411</u> 26b <u>0</u>					<b>26d</b> 3,089,370
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 11,706,356
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 79.12%
<b>27 Organizations described on line 12:</b> <b>a</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>b</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 <b>larger</b> of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) <b>Do not file this list with your return.</b> 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: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
<b>c</b> Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					<b>27c</b> 0
<b>d</b> Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					<b>27d</b> 0
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 0
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)   <b>27f</b>   0					<b>27f</b> /
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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. <b>Do not file this list with your return.</b> 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)**

	Yes	No
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... .....		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
<b>35</b> 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		

**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)

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.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	0 0
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	0 0
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .	}	}
	Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	0 0
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	0 0
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	0 0

**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.)

Calendar year (or fiscal year beginning in)▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					0
<b>47</b> Total lobbying expenditures . . . . .					0
<b>48</b> Grassroots nontaxable amount . . . . .					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					0
<b>50</b> Grassroots lobbying expenditures . . . . .					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

