

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)

2004

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 2004 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 550
 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: www.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 **9,843,912**

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	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	2,961,280		
	b Indirect public support	1b	238,476		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 3,159,752 noncash \$ 40,004)	1d			3,199,756
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			60,674
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			0
	5 Dividends and interest from securities	5			616,620
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe _____)	7			0	
8 a Gross amount from sales of assets other than inventory					
		5,941,407	8a	0	
	b Less: cost or other basis and sales expenses	5,423,187	8b	0	
	c Gain or (loss) (attach schedule)	518,220	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			518,220	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 2,961,280 of contributions reported on line 1a)	9a	0		
	b Less: direct expenses other than fundraising expenses	9b	0		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0
10 a 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			0
11 Other revenue (from Part VII, line 103)	11			25,455	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			4,420,725	
Expenses	13 Program services (from line 44, column (B))	13		3,615,036	
	14 Management and general (from line 44, column (C))	14		269,452	
	15 Fundraising (from line 44, column (D))	15		191,053	
	16 Payments to affiliates (attach schedule)	16		22,476	
	17 Total expenses (add lines 16 and 44, column (A))	17		4,098,017	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		322,708	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		25,479,963	
	20 Other changes in net assets or fund balances (attach explanation)	20		105,485	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		25,908,156	

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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>3,313,938</u> noncash \$ <u>34,554</u>)	22 3,348,492	3,348,492		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 0			
26	Other salaries and wages	26 438,961	168,898	178,052	92,011
27	Pension plan contributions	27 32,034	12,325	12,994	6,715
28	Other employee benefits	28 8,449	3,251	3,427	1,771
29	Payroll taxes	29 30,605	11,776	12,414	6,415
30	Professional fundraising fees	30 0			
31	Accounting fees	31 8,500		8,500	
32	Legal fees	32 750		750	
33	Supplies	33 12,173	5,558	4,016	2,599
34	Telephone	34 6,282	4,071	1,458	753
35	Postage and shipping	35 14,753	6,266	5,591	2,896
36	Occupancy	36 23,359	8,987	9,475	4,897
37	Equipment rental and maintenance	37 0			
38	Printing and publications	38 75,958	15,841	4,161	55,956
39	Travel	39 4,680	1,651	1,887	1,142
40	Conferences, conventions, and meetings	40 3,203	1,198	1,254	751
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 29,481	10,808	10,926	7,747
43	Other expenses not covered above (itemize): a Insurance	43a 7,375	2,838	2,991	1,546
	b Subcontract and consulting fees	43b 8,009	6,601	1,140	268
	c Dues and subscriptions	43c 12,473	3,454	7,232	1,787
	d Equipment repairs and maintenance	43d 6,954	2,676	2,821	1,457
	e Miscellaneous	43e 3,050	345	363	2,342
	f	43f 0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 4,075,541	3,615,036	269,452	191,053

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 schedule	Program Service Expenses (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 attached schedule of payments to member agencies. (Grants and allocations \$ <u>3,348,492</u>)	3,348,492
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 as a directory. (Grants and allocations \$ _____)	68,856
c Voluntary Action Center/Day of Caring-The Voluntary Action Center of Broome County (VAC) works to promote active volunteerism in the local community. Day of Caring is a community-wide volunteer event which served numerous nonprofit agencies and charitable organizations throughout Broome County and surrounding areas. (Grants and allocations \$ _____)	32,058
d Community planning- This program attempts to identify unmet community needs, seeks community partnership and coalitions to find solutions to fill those needs. This program also provides contract monitoring and other administrative services for various community planning programs. (Grants and allocations \$ _____)	88,068
e Other program services (attach schedule) (Grants and allocations \$ _____)	77,562
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,615,036

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

				(A)		(B)	
				Beginning of year		End of year	
Note: 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		1,841,543	46	1,726,956	
	47 a	Accounts receivable	47a	0			
	b	Less: allowance for doubtful accounts	47b	0	47c	0	
	48 a	Pledges receivable	48a	3,210,782			
	b	Less: allowance for doubtful accounts	48b	308,881	2,631,803	48c	2,901,901
	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	0	51c	0
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		64,228	53	32,270	
	54	Investments—securities (attach schedule)		<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	20,890,469	54	21,343,075
	55 a	Investments—land, buildings, and equipment: basis	55a	0			
	b	Less: accumulated depreciation (attach schedule)	55b	0	0	55c	0
56	Investments—other (attach schedule)			0	56	0	
57 a	Land, buildings, and equipment: basis	57a	683,967				
b	Less: accumulated depreciation (attach schedule)	57b	459,081	247,922	57c	224,886	
58	Other assets (describe <input type="checkbox"/> See attached worksheet)			269,851	58	236,135	
59	Total assets (add lines 45 through 58) (must equal line 74)			25,946,216	59	26,465,623	
Liabilities	60	Accounts payable and accrued expenses		221,429	60	221,788	
	61	Grants payable		244,824	61	212,555	
	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"/> Accrued Pension Cost)			0	65	123,124
66	Total liabilities (add lines 60 through 65)			466,253	66	557,467	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.						
	67	Unrestricted		14,988,793	67	15,170,332	
	68	Temporarily restricted		2,436,059	68	2,474,262	
	69	Permanently restricted		8,055,111	69	8,263,562	
	Organizations that do not follow SFAS 117, check here <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)			25,479,963	73	25,908,156	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			25,946,216	74	26,465,623	

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

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	4,244,663
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$ 257,368		
(2)	Donated services and use of facilities . . . \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Pension adjust. . . . \$ -30,628		
	----- Add amounts on lines (1) through (4) . ▶	b	226,740
c	Line a minus line b ▶	c	4,017,923
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): Designations \$ 402,802		
	----- Add amounts on lines (1) and (2) . ▶	d	402,802
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	4,420,725

a	Total expenses and losses per audited financial statements . . . ▶	a	3,695,215
b	Amounts included on line a 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	0
c	Line a minus line b ▶	c	3,695,215
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): Designations paid \$ 402,802		
	----- Add amounts on lines (1) and (2) . ▶	d	402,802
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	4,098,017

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 John G. Spencer Str PO Box 550 City Binghamton ST NY ZIP 13902	Title Exec. Director Hr/WK 40-45	81,300	750	0
Name see attached Str C/O United Way City Board Listing ST ZIP	Title Director Hr/WK 1-2	0	0	0
Name Gina Denniston Str C/O United Way City ST ZIP	Title President Hr/WK 3-5	0	0	0
Name Patrick Gleason Str C/O United Way City ST ZIP	Title Vice President Hr/WK 1-2	0	0	0
Name Gilbert Rouf Str C/O United Way City ST ZIP	Title Vice President Hr/WK 1-2	0	0	0
Name Debora Russell Str C/O United Way City ST ZIP	Title Secretary Hr/WK 1-2	0	0	0
Name Edgar Parsons, III Str C/O United Way City ST ZIP	Title Treasurer Hr/WK 2-3	0	0	0
Name Kelly Wagstaff Str C/O United Way City ST ZIP	Title Asst Treasurer Hr/WK 1-2	0	0	0
Name Str City ST ZIP	Title Hr/WK			
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.)

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and reporting.

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	
93 Program service revenue:					
a Community planning					47,665
b First Call For Help					7,374
c Sale of Human Services Directories					5,361
d Teaming for Technology					274
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					
96 Dividends and interest from securities			14	616,620	
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 invento					518,220
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a Miscellaneous					
b Day of Caring					12,000
c Administrative fees- Donor choice					13,455
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		616,620	604,349
105 Total (add line 104, columns (B), (D), and (E))					1,220,969

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 instruction:

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 instructi

(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: Gina Denniston, President 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)

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

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

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 Str NONE				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
Name				
Str				
City ST	Title			
Zip Country	Avg hr/wk			
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 NONE 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		
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		

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

	Yes	No
1 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.) 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.	1	X
2 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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a 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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,519,156	2,532,316	3,101,334	3,231,798	12,384,604
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	566,513	619,072	724,819	1,081,814	2,992,218
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					0
23 Total of lines 15 through 22	4,085,669	3,151,388	3,826,153	4,313,612	15,376,822
24 Line 23 minus line 17	4,085,669	3,151,388	3,826,153	4,313,612	15,376,822
25 Enter 1% of line 23	40,857	31,514	38,262	43,136	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	307,536
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	300,431
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	15,376,822
d Add: Amounts from column (e) for lines: 18 <u>2,992,218</u> 19 <u>0</u>	26d	3,292,649
22 <u>0</u> 26b <u>300,431</u>	26e	12,084,173
e Public support (line 26c minus line 26d total)	26f	78.59%
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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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 11, 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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u>	27c	0
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>	27d	0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>	27e	0
e Public support (line 27c total minus line 27d total)	27f	0
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g	0.00%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	0.00%
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 2000 through 2003, 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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 29-35 regarding racial nondiscrimination policies, record-keeping, and financial aid.

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	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	41	0
	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		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0
46 Lobbying ceiling amount (150% of line 45(e))					0
47 Total lobbying expenditures					0
48 Grassroots nontaxable amount					0
49 Grassroots ceiling amount (150% of line 48(e))					0
50 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 11 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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount
X		
X		
X		
X		
X		
X		
X		
X		
		0

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

**United Way of Broome County, Inc.
Attachment to Form 990 and Schedule A
For the year Ended December 31, 2003**

Part One- Line 16

Payments to affiliates:

United Way of America	Alexandria, VA	\$ 22,476
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Part III, Primary exempt purpose

Our primary exempt purpose is to solicit public contributions in behalf of our member agencies for use in community health, welfare and human services programs. The program areas we support are as follows:

Areas of Community Service

Helping Young People Succeed - Includes youth development through citizenship and leadership programs, physical education programs, and sports activities; and hands-on experience through teen apprenticing.

Strengthening Families - Includes programs that provide individual, adolescent, marital and family counseling; child care; foster care and adoption services; and parent and home health care aides and support.

Promoting Health and Wellness - Provides services for individuals and families with disabilities, mental illness, addictions, and other special needs, including information, counseling, referrals, and support groups.

Building a Stronger Community - Includes programs that provide community-wide services, such as referral to community resources, technical assistance for agencies, and coordination of volunteer activities.

Assisting Older Adults - Includes programs that address quality of life for older adults through recreational and cultural programs; promotion of well being and self-sufficiency through counseling and education.

Handling Emergencies, Including Fighting Hunger and Homelessness - Includes assistance for disaster victims and others in need of food, clothing, or shelter; and assistance for victims of domestic violence.

Schedule A, Part III, Line 1d

Trust and endowment funds are held in accounts in four local banks, and incurred \$81,512 in investment advisory fees.

United Way of Broome County, Inc.
 Allocations and grants
 Part II, Line 22
 For the Year Ended December 31, 2004

Member Agency Name	Address		Cash Allocation
Action for Older Persons, Inc.	30 West State Street	Binghamton, NY 13901	\$89,974
American Civic Association, Inc.	131 Front Street	Binghamton, NY 13905	27,311
American Red Cross, So. Tier Chapter	620 East Main Street	Endicott, NY 13760	314,599
Arthritis Foundation-Broome County Branch	169 Riverside Drive	Binghamton, NY 13905	9,297
Baden-Powell Council Boy Scouts of America	PO Box 66 Southview Station	Binghamton, NY 13903	147,545
Boys & Girls Club of Binghamton, Inc.	PO Box 638	Binghamton, NY 13902	271,860
Boys & Girls Club of Western Broome Family Center	One Clubhouse Road	Endicott, NY 13760	249,595
Broome County Catholic Youth Organization	86 Walnut Street	Binghamton, NY 13905	39,604
Broome County Urban League, Inc.	43-45 Carroll Street	Binghamton, NY 13901	90,294
Broome-Tioga Association for Retarded Citizens (ARC)	125 Cutler Pond Road	Binghamton, NY 13905	28,050
Catholic Social Services of Broome County	232 Main Street	Binghamton, NY 13905	262,579
Crime Victims Assistance Center, Inc.	377 Robinson Street	Binghamton, NY 13904	17,392
Day Nursery Association	32 Stuyvesant Street	Binghamton, NY 13901	160,251
Deposit Foundation & Rural Housing Services, Inc.	PO Box 41	Deposit, NY 13754	13,691
Family Childrens Society of Broome County, Inc.	257 Main Street	Binghamton, NY 13905	232,290
Girl Scouts - Indian Hills Council, Inc.	PO Box 2145	Binghamton, NY 13902	129,288
Handicapped Childrens Association of Southern NY, Inc.	18 Broad Street	Johnson City, NY 13790	69,006
Jewish Community Center of Binghamton	500 Clubhouse Road	Vestal, NY 13850-3732	73,124
Johnson City Senior Citizens Center, Inc.	30 Brocton Street	Johnson City, NY 13790	28,098
Legal Aid Society of MidNew York Bing Chapter	30 Fayette St.	Binghamton, NY 13901	17,902
Literacy Volunteers of Broome/Tioga, Inc.	130 W. Main Street	Endicott, NY 13760	13,761
Mental Health Association of the Southern Tier, Inc.	153 Court Street	Binghamton, NY 13901	116,692
National MS Society Upstate NY Chapter	457 State Street	Binghamton, NY 13901	13,200
Planned Parenthood of South Central New York	168 Water Street	Binghamton, NY 13901	28,964
Retired & Senior Volunteer Program (RSVP)	230 Main Street	Binghamton, NY 13905	39,613
SOS Shelter, Inc.	PO Box 393	Endicott, NY 13761	64,833
The Salvation Army	PO Box 1167	Binghamton, NY 13902	100,101
YMCA of Broome County	61 Susquehanna Street	Binghamton, NY 13901	200,107
YWCA of Binghamton/Broome County	80 Hawley Street	Binghamton, NY 13901	163,809
subtotal			<u>\$3,012,830</u>
Vetnure grants - various nonmember agencies			47,302
Donor choice designations- nonmember agencies			253,806
Total cash allocations and grants			<u><u>\$3,313,938</u></u>