

**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)

▶ 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** \_\_\_\_\_, **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, and ZIP + 4  
**Binghamton NY 13902-0550**

**D Employer identification no.**  
**15-0564074**

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

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

**G Website:** ▶ **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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **10,685,965**

**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 instr.)  
**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).

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	3,523,251
	b Indirect public support	1b	235,074
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ <u>3,752,185</u> noncash \$ <u>6,140</u> )	1d	3,758,325
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	106,271
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	
	5 Dividends and interest from securities	5	574,983
	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	8a	
	6,234,260	8a	
	b Less: cost or other basis and sales expenses	8b	
	5,467,491	8b	
c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	766,769	
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	12,126	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,218,474	
Expenses	13 Program services (from line 44, column (B))	13	3,503,254
	14 Management and general (from line 44, column (C))	14	262,826
	15 Fundraising (from line 44, column (D))	15	198,112
	16 Payments to affiliates (attach schedule)	16	30,028
	17 Total expenses (add lines 16 and 44, column (A))	17	3,994,220
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,224,254
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	25,908,156
	20 Other changes in net assets or fund balances (attach explanation)	20	-682,360
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,450,050

**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) <b>Stmt 4</b> (cash \$ <b>3,176,482</b> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>3,176,482</b>	<b>3,176,482</b>		
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. _____	<b>78,875</b>	<b>17,021</b>	<b>54,353</b>	<b>7,501</b>
26	Other salaries and wages _____	<b>352,769</b>	<b>156,836</b>	<b>114,056</b>	<b>81,877</b>
27	Pension plan contributions _____	<b>13,652</b>	<b>5,498</b>	<b>5,327</b>	<b>2,827</b>
28	Other employee benefits _____	<b>26,972</b>	<b>10,863</b>	<b>10,524</b>	<b>5,585</b>
29	Payroll taxes _____	<b>31,622</b>	<b>12,737</b>	<b>12,337</b>	<b>6,548</b>
30	Professional fundraising fees _____				
31	Accounting fees _____	<b>8,624</b>	<b>2,734</b>	<b>5,591</b>	<b>299</b>
32	Legal fees _____	<b>749</b>	<b>237</b>	<b>486</b>	<b>26</b>
33	Supplies _____	<b>63,784</b>	<b>56,048</b>	<b>5,251</b>	<b>2,485</b>
34	Telephone _____	<b>6,268</b>	<b>4,139</b>	<b>1,391</b>	<b>738</b>
35	Postage and shipping _____	<b>14,601</b>	<b>6,296</b>	<b>5,421</b>	<b>2,884</b>
36	Occupancy _____	<b>25,396</b>	<b>10,229</b>	<b>9,908</b>	<b>5,259</b>
37	Equipment rental and maintenance _____	<b>6,115</b>	<b>2,463</b>	<b>2,386</b>	<b>1,266</b>
38	Printing and publications _____	<b>90,586</b>	<b>21,175</b>	<b>913</b>	<b>68,498</b>
39	Travel _____	<b>5,404</b>	<b>1,504</b>	<b>2,670</b>	<b>1,230</b>
40	Conferences, conventions, and meetings _____				
41	Interest _____				
42	Depreciation, depletion, etc. (attach schedule) _____	<b>28,808</b>	<b>11,607</b>	<b>11,238</b>	<b>5,963</b>
43	Other expenses not covered above (itemize):				
a	<b>See Statement 5</b> _____	<b>33,485</b>	<b>7,385</b>	<b>20,974</b>	<b>5,126</b>
b	_____				
c	_____				
d	_____				
e	_____				
f	_____				
g	_____				
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>3,964,192</b>	<b>3,503,254</b>	<b>262,826</b>	<b>198,112</b>

**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 6**

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 Funding for member agencies and other partners to support the areas of community services as outlined in our exempt purpose statement. Also includes donor directed funding to other eligible charitable organizations.**

(Grants and allocations \$ **3,176,482** ) If this amount includes foreign grants, check here ▶

**3,176,482**

**b First Call for Help- Information and referral services which provide a link for people in need with the appropriate service organization or group, Information is maintained in a database which is available to the community on a website, a printed directory and CD's.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**67,464**

**c Volunteer Action Center & Day of Caring- The Voluntary Action Center works to promote active volunteerism in the community. Day of Caring is a community-wide volunteer event which serves numerous nonprofit agencies and other charitable organizations throughout Broome County.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**25,854**

**d Community Planning-This program attempts to identify unmet community needs and then seeks to develop partnerships and other collaborative efforts to fill those needs. This program also provides professional and administrative services for various community programs.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**138,490**

**e Other program services (attach schedule) See Stmt 7**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**94,964**

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

**3,503,254**

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
<b>Assets</b>	45	Cash-non-interest-bearing .....	400	45	400
	46	Savings and temporary cash investments .....	1,726,956	46	1,742,342
	47a	Accounts receivable .....	47a		
	b	Less: allowance for doubtful accounts .....	47b	47c	
	48a	Pledges receivable .....	48a	3,812,429	
	b	Less: allowance for doubtful accounts .....	48b		48c
	49	Grants receivable .....		49	
	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 .....	32,270	53	25,177
	54	Investments-securities <b>See Statement 8</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,343,075	54	21,055,268
	55a	Investments-land, buildings, and equipment: basis .....	55a	712,368	
	b	Less: accumulated depreciation (attach schedule) <b>See Statement 9</b> .....	55b	478,127	55c
	56	Investments-other (attach schedule) .....		56	
	57a	Land, buildings, and equipment: basis .....	57a		
	b	Less: accumulated depreciation (attach schedule) .....	57b		57c
	58	Other assets (describe <b>See Statement 10</b> )	236,135	58	194,059
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58.	26,465,623	59	27,063,916	
<b>Liabilities</b>	60	Accounts payable and accrued expenses .....	221,788	60	291,328
	61	Grants payable .....	212,555	61	208,234
	62	Deferred revenue .....		62	
	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 <b>See Statement 11</b> )	123,124	65	114,304
66	<b>Total liabilities.</b> Add lines 60 through 65	557,467	66	613,866	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
	67	Unrestricted .....	15,170,332	67	14,916,201
	68	Temporarily restricted .....	2,474,262	68	2,758,068
	69	Permanently restricted .....	8,263,562	69	8,775,781
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	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) must equal line 19; column (B) must equal line 21)	25,908,156	73	26,450,050
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	26,465,623	74	27,063,916





Part VI Other Information (continued)		Yes	No
<b>82a</b>	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? .....		<b>X</b>
<b>b</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.) .....		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....		<b>N/A</b>
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		<b>N/A</b>
<b>84b</b>			
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members? .....		<b>N/A</b>
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		<b>N/A</b>
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....		<b>85c</b>
<b>d</b>	Section 162(e) lobbying and political expenditures .....		<b>85d</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		<b>85e</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		<b>85f</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		<b>N/A</b>
<b>85g</b>			
<b>h</b>	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? .....		<b>N/A</b>
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....		<b>86a</b>
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....		<b>86b</b>
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders .....		<b>87a</b>
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....		<b>87b</b>
<b>88</b>	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 .....		<b>88</b>
<b>88</b>			<b>X</b>
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u> .....		
<b>b</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 .....		<b>89b</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 .....	▶	<u>0</u>
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....	▶	<u>0</u>
<b>90a</b>	List the states with which a copy of this return is filed ▶ <u>NY</u> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) .....	<b>90b</b>	<u>19</u>
<b>91a</b>	The books are in care of ▶ <u>Lisa A Brooks</u> Telephone no. ▶ <u>607-729-2592</u> <u>101 S Jensen Road</u> Located at ▶ <u>Vestal, NY</u> ZIP + 4 ▶ <u>13850</u> .....		
<b>b</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)? .....	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country ▶ .....		
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , 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? .....	<b>91c</b>	<b>X</b>
<b>c</b>	If "Yes," enter the name of the foreign country ▶ .....		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year .....	<b>92</b>	

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

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a <b>Teaming for Technology</b>					6,300
b <b>Day of Caring</b>					16,532
c <b>Human Service Directory sales</b>					4,764
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies .....					78,675
94 Membership dues and assessments .....					
95 Interest on savings and temporary cash investments .....					
96 Dividends and interest from securities .....			14	574,983	
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 .....			18	766,769	
101 Net income or (loss) from special events .....					
102 Gross profit or (loss) from sales of inventory .....					
103 Other revenue: a _____					
b <b>Service fees on designations</b>					12,126
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) .....		0		1,341,752	118,397
105 <b>Total</b> (add line 104, columns (B), (D), and (E)) .....					1,460,149

**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).
▼	<b>See Statement 16</b>

**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).

**Please Sign Here**

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.

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

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

<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Lisa A Brooks, CPA</b>	Date <b>5/08/07</b>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>Lisa A. Brooks, CPA 49 Court Street Binghamton, NY 13901-3601</b>	EIN	Phone no. <b>607-773-0303</b>	

**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**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**United Way of Broome County, Inc.**

Employer identification number  
**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) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**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 ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

<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 ► \$ _____ (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.		<b>X</b>
<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? .....	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit? .....	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities? .....	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets? .....	<b>2e</b>	<b>X</b>
<b>3a</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.) .....	<b>3a</b>	<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? .....	<b>3b</b>	<b>X</b>
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? .....	<b>3c</b>	<b>X</b>
<b>4a</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? .....	<b>4a</b>	<b>X</b>
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....	<b>4b</b>	<b>X</b>

**See Statement 17**

**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**  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.)

(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
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	<b>2,929,658</b>	<b>3,519,156</b>	<b>2,532,316</b>	<b>3,101,334</b>	<b>12,082,464</b>
<b>16</b> Membership fees received . . . . .					<b>0</b>
<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 . . . . .	<b>60,674</b>	<b>160,665</b>	<b>130,556</b>	<b>53,884</b>	<b>405,779</b>
<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 . . . . .	<b>616,620</b>	<b>566,513</b>	<b>519,072</b>	<b>724,819</b>	<b>2,427,024</b>
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					<b>0</b>
<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 . . . . .					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .					<b>0</b>
<b>23</b> Total of lines 15 through 22 . . . . .	<b>3,606,952</b>	<b>4,246,334</b>	<b>3,181,944</b>	<b>3,880,037</b>	<b>14,915,267</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>3,546,278</b>	<b>4,085,669</b>	<b>3,051,388</b>	<b>3,826,153</b>	<b>14,509,488</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>36,070</b>	<b>42,463</b>	<b>31,819</b>	<b>38,800</b>	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 . . . . . ▶					<b>26a</b> <b>0</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 2001 through 2004 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>
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					<b>26c</b>
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ . . . . . ▶					<b>26d</b>
e Public support (line 26c minus line 26d total) . . . . . ▶					<b>26e</b>
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ▶					<b>26f</b> %
<b>27 Organizations described on line 12:</b> 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." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2004) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b> . . . . .					<b>0</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 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.) <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: (2004) <b>0</b> (2003) <b>0</b> (2002) <b>0</b> (2001) <b>0</b> . . . . .					<b>0</b>
c Add: Amounts from column (e) for lines: 15 <b>12,082,464</b> 16 _____ 17 <b>405,779</b> 20 _____ 21 _____ . . . . . ▶					<b>27c</b> <b>12,488,243</b>
d Add: Line 27a total. _____ and line 27b total . . . . . ▶					<b>27d</b>
e Public support (line 27c total minus line 27d total) . . . . . ▶					<b>27e</b> <b>12,488,243</b>
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					<b>27f</b> <b>14,915,267</b>
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27g</b> <b>83.7279 %</b>
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ▶					<b>27h</b> <b>16.2721 %</b>
<b>28 Unusual Grants:</b> 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. <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)**

		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? .....			
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? .....			
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? .....			
	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? .....			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....			
d	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.) ..... .....			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges? .....			
b	Admissions policies? .....			
c	Employment of faculty or administrative staff? .....			
d	Scholarships or other financial assistance? .....			
e	Educational policies? .....			
f	Use of facilities? .....			
g	Athletic programs? .....			
h	Other extracurricular activities? .....			
	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? .....			
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.			
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 .....			

**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.)

	(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>	
<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>	
<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>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>	

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount .....					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					
<b>47</b> Total lobbying expenditures .....					
<b>48</b> Grassroots nontaxable amount .....					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					
<b>50</b> Grassroots lobbying expenditures .....					

**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**

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 through <b>c h.</b> ) .....			
<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 through <b>c h.</b> ) .....			

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



**Federal Statements**

15-0564074

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
Sales of securities	Purchase				\$6,234,260	\$5,467,491		\$ 766,769
Total					<u>\$6,234,260</u>	<u>\$5,467,491</u>	<u>0</u>	<u>\$ 766,769</u>

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

Bus Name	Addr	Purpose	Amount
United Way of America	701 N Fairfax	Membership	\$ 30,028
Total			<u>\$ 30,028</u>

**Federal Statements****Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Oth Amts Included on Financial Stmts Not on Return	\$ -690,696
Minimum pension liability adjustment	8,336
Total	<u>\$ -682,360</u>

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions**

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explanth	FMV Explanth
ACCORD		Member Agnecy		11,000				
30 West State Street			\$	\$				\$
Binghamton, NY, 13900								
Action for Older Persons, Inc.		Member Agnecy		88,991				
30 West State Street								
Binghamton, NY, 13901								
American Civic Association, Inc.		Member Agnecy		30,000				
131 Front Street								
Binghamton, NY, 13905								
American Red Cross So. Tier Chptr		Member Agnecy		313,223				
620 East Main Street								
Endicott, NY, 13760								
Arthritis Foundation- Broome Co		Member Agnecy		8,365				
169 Riverside Drive								
Binghamton, NY, 13905								
Boy Scouts- Baden-Powell Council		Member Agnecy		145,824				
PO Box 66 Southview Station								
Binghamton, NY, 13903								

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions  
(continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
Boys & Girls Club of Binghamton PO Box 638 Binghamton, NY, 13902		Member Agnecy	\$		272,737	\$			\$
Boys & Girls Club of Western Broome One Clubhouse Road Endicott, NY, 13760		Member Agnecy			246,336				
Broome County Catholic Youth Org. 86 Walnut Street Binghamton, NY, 13905		Member Agnecy			39,185				
Broome County Urban League, Inc. 43-45 Carroll Street Binghamton, NY, 13901		Member Agnecy			89,781				
Broome-Tioga ARC 125 Cutler Pond Road Binghamton, NY, 13905		Member Agnecy			27,012				
Catholic Social Services of Broome 232 Main Street Binghamton, NY, 13905		Member Agnecy			260,153				

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions  
(continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Crime Victims Assistance Center 377 Robinson Street Binghamton, NY, 13904		Member Agency			\$ 17,683	\$			
Day Nursery Association 32 Stuyvesant Street Binghamton, NY, 13901		Member Agency			158,226				
Deposit Foundation & Rural Housing PO Box 41 Deposit, NY, 13754		Member Agency			13,102				
Family Childrens Society of Broome 257 Main Street Binghamton, NY, 13905		Member Agency			234,114				
Girl Scouts - Indian Hills Council PO Box 2145 Binghamton, NY, 13902		Member Agency			127,948				
Handicapped Childrens Ass.- So NY 18 Broad Street Johnson City, NY, 13790		Member Agency			69,000				

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions  
(continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
Jewish Community Center-Binghamton 500 Clubhouse Road Vestal, NY, 13850		Member Agency	\$		92,344	\$			
Johnson City Senior Citizens Center 30 Brocton Street Johnson City, NY, 13790		Member Agency			26,185				
Legal Aid Society of MidNew York 30 Fayette St. Binghamton, NY, 13901		Member Agency			20,000				
Literacy Volunteers of Broome/Tioga 130 W. Main Street Endicott, NY, 13760		Member Agency			13,760				
Mental Health Assoc. of the So Tier 153 Court Street Binghamton, NY, 13901		Member Agency			114,345				
National MS Society Upstate NY Chap 457 State Street Binghamton, NY, 13901		Member Agency			13,200				

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions  
(continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
Planned Parenthood-Soc. Central NY 168 Water Street Binghamton, NY, 13901		Member Agnecy	\$		33,765	\$			
Retired & Senior Volunteer Program 230 Main Street Binghamton, NY, 13905		Member Agnecy			41,725				
SOS Shelter, Inc. PO Box 393 Endicott, NY, 13761		Member Agnecy			67,871				
The Salvation Army PO Box 1167 Binghamton, NY, 13902		Member Agnecy			103,112				
YMCA of Broome County 61 Susquehanna Street Binghamton, NY, 13901		Member Agnecy			202,457				
YWCA of Binghamton/Broome County 80 Hawley Street Binghamton, NY, 13901		Member Agnecy			140,831				

**Federal Statements**

15-0564074

**Statement 4 - Form 990, Part II, Line 22 - Grants, Allocations and Contributions  
(continued)**

Name Address	Date of Gift	Description of Property	Relationship to Org	Class of Activity		Book Value	BV Explantn	FMV Explantn
				Cash Contrib	NonCash Contrib			
Venture grants- various local chari			\$	50,707	\$			
Donor designations to other charite				103,500				

Total \$ 3,176,482    \$ 0    \$ 0

## Federal Statements

### Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Insurance	7,726	3,112	3,014	1,600
Subcontract services	7,225	2,289	4,683	253
Dues and subscriptions	12,660	374	12,246	40
Other	5,874	1,610	1,031	3,233
Total	\$ 33,485	\$ 7,385	\$ 20,974	\$ 5,126

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose**

United Way of Broome County mobilizes the caring power of donors, volunteers and our partners to improve the quality of lives by amassing resources, developing strategies to address our most essential human services issues, and substantiating a network of human service agencies to provide needed services.

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 apprenticeship.

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 Homeless

- Includes assistance for disaster victims and others in need of food, clothing, or shelter; and assistance for victims of domestic violence.

**Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose (continued)**

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**Statement 7 - Form 990, Part III, Line e - Other Program Services**

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**Description**

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Allocations and Agency relations function is to identify and gain consensus on the long-range needs of the United Way and its member agencies. Programs are monitored to insure that the agreed upon needs of the community are met in a effective and economic manner. Recommendations for allocations of Campaign proceeds are based upon an appraisal of needs, past performance, and expected accomplishments. Periodic and annual financial reporting are reviewed by the volunteer committee members who make up the allocation panels.

## Federal Statements

### Statement 8 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	7,474,463	7,269,472	Market
Corporate Stock	13,868,612	13,785,796	Market
	<u>21,343,075</u>	<u>21,055,268</u>	

### Statement 9 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Land	\$ 12,881	\$	\$ 12,881	\$
Building & Improvements	501,469		501,469	
Equipment & Fixtures	155,717		158,975	
Computer Software	13,900		39,043	
		459,081		478,127
Total	<u>\$ 683,967</u>	<u>\$ 459,081</u>	<u>\$ 712,368</u>	<u>\$ 478,127</u>

### Statement 10 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Prepaid Pension Costs	\$ 117,238	\$ 83,264
Accrued Investment Income	118,897	110,795
Total	<u>\$ 236,135</u>	<u>\$ 194,059</u>

### Statement 11 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Accrued Pension Cost	\$ 123,124	\$ 114,304
Total	<u>\$ 123,124</u>	<u>\$ 114,304</u>

## Federal Statements

### Statement 12 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
Unrealized losses on investments	\$ -657,206
Prepaid pension adjustment	-33,490
Total	\$ -690,696

### Statement 13 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
Amounts raised in behalf of others (Non member agencies)	\$ 254,729
Total	\$ 254,729

### Statement 14 - Form 990, Part IV-B - Other Expenses Included on Return

Description	Amount
Amounts raised in behalf of others (Non member agencies)	\$ 103,500
Designations to member agencies	151,229
Total	\$ 254,729

## Federal Statements

## Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
John G Spencer	Binghamton NY 13902	PO Box 550	Ex. Director PO Box 550	45	78,875	5,521	0
Gina S. Denniston	Binghamton NY 13902	C/O United Way,	President	3-5	0	0	0
Judy U. Siggins, Ph.D.	Binghamton NY 13902	C/O United Way, VP	PO Box 550	2-3	0	0	0
Patrick M. Gleason	Binghamton NY 13902	C/O United Way, VP	PO Box 550	2-3	0	0	0
Ann McNichols	Binghamton NY 13902	C/O United Way,	PO Box 550	2-3	0	0	0
John G. Mondorf, C.P.A.	Binghamton NY 13902	C/O United Way,	Secretary PO Box 550	2-3	0	0	0
Susan M. Farrell	Binghamton NY 13902	C/O United Way,	Treasurer PO Box 550	2-3	0	0	0
Martine Akel-Bordages	Binghamton NY 13902	C/O United Way,	Asst. Treasu PO Box 550	2-3	0	0	0
Jane Blake	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Allen Buyck	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Jose' Caceres	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Sarah Campbell, Esq.	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Lauri J. Capwell	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
John H. Coleman	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Kevin Coughlin	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Margaret S. Crocker	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
James Felmet	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0
Dr. Murray Frick	Binghamton NY 13902	C/O United Way,	Board Member PO Box 550	1-2	0	0	0

## Federal Statements

## Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Edwin C. Gent Sr., P.E.	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Alfred Gorick Jr.	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Bernard M. Griffin	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Stephen T. Guinan	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Linda S. Hoke	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Maryann K. Johnson	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Brian L. Laud	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
John Leet	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Ronald W. Lesch	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Ryoichi Matsushima	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Kerry M. Mitchell	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Michael J. Morgan	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
David L. Niefer	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Diane M. Novak	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Sam Rosato	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Jeffrey Shafer DVM	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
Margaret Shiel	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0
James W. Silkworth	Binghamton NY 13902	C/O United Way,	PO Box 550	Board Member 1-2	0	0	0

## Federal Statements

## Statement 15 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
Rodger Summers	Binghamton NY 13902	C/O United Way,	PO Box 550 Board Member	1-2	0	0	0
Susann Thiel	Binghamton NY 13902	C/O United Way,	PO Box 550 Board Member	1-2	0	0	0
Teresa J. Turner	Binghamton NY 13902	C/O United Way,	PO Box 550 Board Member	1-2	0	0	0
Kelly Wagstaff	Binghamton NY 13902	C/O United Way,	PO Box 550 Board Member	1-2	0	0	0
Mary Ann Wilcox	Binghamton NY 13902	C/O United Way,	PO Box 550 Board Member	1-2	0	0	0

**Federal Statements****Statement 16 - Form 990, Part VIII - Relationship of Activities**

<u>Line No.</u>	<u>Description</u>
93c	Fees from sale of information & referral directory
93a	Fees from technology projects assisting nonprofit agencies
93b	Sponsorships of Day of Caring program
93g	Contract revenue from County planning and OET contracts
103b	Fees recieved supporting donor designation

**Statement 17 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

Description

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Form 990, Part V-A

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
all other contrib less than 75167	\$ 3,189,829	\$ 6,140	\$ 3,195,969
Contributions from Schedule B	327,282		327,282
Total	<u>\$ 3,517,111</u>	<u>\$ 6,140</u>	<u>\$ 3,523,251</u>

Form <b>CHAR500</b>	<b>Annual Filing for Charitable Organizations</b> New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 <a href="http://www.oag.state.ny.us/charities/charities.html">www.oag.state.ny.us/charities/charities.html</a>	<b>2005</b>
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		<b>Open to Public Inspection</b>

<b>1. General Information</b>			
a. For the fiscal year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____			
b. Ck. if applic. for NYS:	c. Name of organization		d. Fed. employer ID no. (EIN) (##-####-####)
<input type="checkbox"/> Address change	UNITED WAY OF BROOME COUNTY, INC.		15-0564074
<input type="checkbox"/> Name change			e. NY State registration no. (###-##-###)
<input type="checkbox"/> Initial filing			07-186
<input type="checkbox"/> Final filing			f. Telephone number
<input type="checkbox"/> Amended filing			607-729-2592
<input type="checkbox"/> NY registration pending	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 and zip + 4	g. Email	
	BINGHAMTON NY 13902-0550	LBROOKS@UWBROOME.ORG	

<b>2. Certification - Two Signatures Required</b>			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	Signature	Printed Name	Title Date
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title Date

<b>3. Annual Report Exemption Information</b>	
a.	Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  <b>NOTE:</b> An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A).
b.	EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <b>Do not</b> submit a fee, <b>do not</b> complete the following schedules and <b>do not</b> submit any attachments to this form.	

<b>4. Article 7-A Schedules</b>	
If you did <b>not</b> check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	
* If "Yes", complete Schedule 4b.	

<b>5. Fee Submitted:</b> See last page for <b>summary of fee requirements.</b>	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ 25
b. EPTL filing fee	\$ 750
c. <b>Total fee</b>	\$ 775
<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>	

<b>6. Attachments:</b> For organizations that are not claiming annual report exemptions under both laws, see last page for <b>required attachments.</b>
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-Mail completed form with **required schedules, fee and attachments** to the address at the top of this page-

**5. Fee Instructions**

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

**Organization's Registration Type**      **Fee Instructions**

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- **Article 7-A**      Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL**      Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual**      Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

**a) Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

**a) EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

**6. Attachments - Document Attachment Check-List**

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990 <input checked="" type="checkbox"/> Schedule A to IRS Form 990 <input checked="" type="checkbox"/> Schedule B to IRS Form 990 <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-EZ <input type="checkbox"/> Schedule A to IRS Form 990-EZ <input type="checkbox"/> Schedule B to IRS Form 990-EZ <input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-PF <input type="checkbox"/> Schedule B to IRS Form 990-PF <input type="checkbox"/> IRS Form 990-T
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**ADDITIONAL ARTICLE 7-A DOCUMENT ATTACHMENT REQUIREMENT**

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)  
 Review Report (total support & revenue \$100,001 to \$250,000)  
 No Accountant's Report Required (total support & revenue not more than \$100,000)