

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 2006 calendar year, or tax year beginning , and ending

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

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

C Name of organization
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 number
15-0564074

E Telephone number
607-729-2592

F Accounting method: Cash
 Accrual Other (specify)

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

G Website: **www.uwbroome.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and are not applicable to section 527 organizations. **I**

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).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,013,642**

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 Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	2,802,259		
	c Indirect public support (not included on line 1a)	1c	246,456		
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 3,046,420 noncash \$ 2,295)	1e			3,048,715
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			585,121
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			642,780
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	6,725,514	8a			
	6,577,667	8b			
	147,847	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			147,847	
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 1b)	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			11,512	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			4,435,975	
Expenses	13 Program services (from line 44, column (B))	13		4,114,754	
	14 Management and general (from line 44, column (C))	14		230,360	
	15 Fundraising (from line 44, column (D))	15		201,966	
	16 Payments to affiliates (attach schedule) See Statement 2	16		31,138	
	17 Total expenses. Add lines 16 and 44, column (A)	17		4,578,218	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-142,243	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		26,450,050	
	20 Other changes in net assets or fund balances (attach explanation) See Statement 3	20		1,499,101	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		27,806,908	

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) Stmnt 4 (cash \$ 3,250,316 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	3,250,316	3,250,316	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See Statement 5	25a	90,775	33,858	47,658
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	360,230	170,781	98,452
27 Pension plan contributions not included on lines 25a, b, and c	27	34,021	16,161	9,217
28 Employee benefits not included on lines 25a - 27	28	23,585	10,738	7,552
29 Payroll taxes	29	32,508	14,799	10,410
30 Professional fundraising fees	30			
31 Accounting fees	31	9,200	9,200	
32 Legal fees	32	750	750	
33 Supplies	33	22,758	15,972	4,185
34 Telephone	34	6,498	4,504	1,172
35 Postage and shipping	35	13,403	6,819	3,870
36 Occupancy	36	23,609	10,748	7,560
37 Equipment rental and maintenance	37	5,141	2,340	1,647
38 Printing and publications	38	86,141	29,032	3,354
39 Travel	39	3,942	1,276	1,666
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	28,339	12,903	9,074
43 Other expenses not covered above (itemize):				
a See Statement 6	43a	555,864	534,507	14,593
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,547,080	4,114,754	230,360

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 7 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) and (4) orgs., and 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 \$ 3,250,316) If this amount includes foreign grants, check here <input type="checkbox"/>	3,250,316
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 <input type="checkbox"/>	85,498
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 <input type="checkbox"/>	57,659
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 <input type="checkbox"/>	628,313
e Other program services (attach schedule) See Stmt 8 (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	92,968
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	4,114,754

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	400	45	400
	46 Savings and temporary cash investments	1,742,342	46	2,726,184
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	3,592,906		
	b Less: allowance for doubtful accounts	48b	48c	3,592,906
	49 Grants receivable		49	389,449
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	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	25,177	53	24,540
	54a Investments—publicly-traded securities See Statement 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,055,268	54a	21,689,036
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments-land, buildings, and equipment: basis	718,664		
	b Less: accumulated depreciation (attach schedule) See Statement 10	506,467	55c	212,197
	56 Investments-other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a		
b Less: accumulated depreciation (attach schedule)	57b	57c		
58 Other assets, including program-related investments (describe See Statement 11)	194,059	58	169,028	
59 Total assets (must equal line 74). Add lines 45 through 58	27,063,916	59	28,803,740	
Liabilities	60 Accounts payable and accrued expenses	291,328	60	352,398
	61 Grants payable	208,234	61	569,259
	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 See Statement 12)	114,304	65	75,175
	66 Total liabilities. Add lines 60 through 65	613,866	66	996,832
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	14,916,201	67	16,270,199
	68 Temporarily restricted	2,758,068	68	2,642,885
	69 Permanently restricted	8,775,781	69	8,893,824
	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 and column (B) must equal line 21)	26,450,050	73	27,806,908
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	27,063,916	74	28,803,740

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

Table with 3 columns: Question (75a-d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: N/A

Part VI Other Information (See the instructions.)

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct and indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
	89e		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g		
90a	List the states with which a copy of this return is filed NY		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	17
91a	The books are in care of Finance Director 101 S Jensen Road Located at Vestal, NY	Telephone no. 607-729-2592 ZIP + 4 13850	
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
		91b	X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If "Yes," enter the name of the foreign country ▶			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year	92		

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

	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 <u>Day of Caring</u>					31,820
b <u>Human Service Directory sales</u>					4,323
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					548,978
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	642,780	
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					147,847
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b <u>Service fees on designations</u>					11,512
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		642,780	744,480
105 Total (add line 104, columns (B), (D), and (E))					1,387,260

Note: Line 105 plus line 1e, 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).
9	See Statement 17

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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 _____

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	This tax return prepared by a non-paid preparer.		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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2006

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 2 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 ▶

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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
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)? See Part V-A, Form 990 See Statement 18	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year u _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____	0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					u

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,847,797	2,929,658	3,519,156	2,532,316	11,828,927	
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	106,271	60,674	160,665	130,556	458,166	
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	574,983	616,620	566,513	519,072	2,277,188	
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	3,529,051	3,606,952	4,246,334	3,181,944	14,564,281	
24 Line 23 minus line 17	3,422,780	3,546,278	4,085,669	3,051,388	14,106,115	
25 Enter 1% of line 23	35,291	36,070	42,463	31,819		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 282,122	
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 393,845	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,106,115	
d Add: Amounts from column (e) for lines:	18 2,277,188	19	22	26b 393,845	26d 2,671,033	
e Public support (line 26c minus line 26d total)					26e 11,435,082	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.0647%	
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:					N/A	
(2005) (2004) (2003) (2002)						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					N/A	
(2005) (2004) (2003) (2002)						
c Add: Amounts from column (e) for lines:	15	16	17	20	21	27c
d Add: Line 27a total and line 27b total					27d	
e Public support (line 27c total minus line 27d total)					27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 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 10 of the instructions.)

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

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

Limits on Lobbying Expenditures

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

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows 36-44 include lobbying expenditures, exempt purpose expenditures, and nontaxable amounts.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for 2006, 2005, 2004, 2003, and Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, grassroots nontaxable amount, and 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 13 of the instructions.) **N/A**

Table for reporting lobbying activity. Columns: Yes, No, Amount. Rows a-i describe various lobbying methods like volunteers, paid staff, media, mailings, publications, grants, and direct contact.

Federal Statements

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
Publicly Traded Securities								
Total					\$6,725,514	\$6,577,667	\$ 0	\$ 147,847
					<u>\$6,725,514</u>	<u>\$6,577,667</u>	<u>\$ 0</u>	<u>\$ 147,847</u>

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

Bus Name Address	Purpose	Amount
United Way of America 701 N Fairfax Alexandria VA 22314	Membership	\$ 31,138
Total		<u>\$ 31,138</u>

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

<u>Description</u>	<u>Amount</u>
Net Unrealized Gains on Investments	\$ 1,460,456
Minimum pension liability adjustment	38,645
Total	<u>\$ 1,499,101</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
ACCORD 30 West State Street Binghamton NY 13900	Member Agency				\$ 11,030	\$	\$		
Action for Older Persons, Inc. 30 West State Street Binghamton NY 13901	Member Agency				91,322				
American Civic Association, Inc. 131 Front Street Binghamton NY 13905	Member Agency				30,384				
American Red Cross So. Tier Chptr 620 East Main Street Endicott NY 13760	Member Agency				315,525				
Arthritis Foundation- Broome Co 169 Riverside Drive Binghamton NY 13905	Member Agency				5,360				
Boy Scouts- Baden-Powell Council PO Box 66 Southview Station	Member Agency				146,013				

Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
Binghamton NY 13903					\$	\$	\$		
Boys & Girls Club of Binghamton PO Box 638	Member Agency				268,580				
Binghamton NY 13902									
Boys & Girls Club of Western Broome One Clubhouse Road	Member Agency				246,636				
Endicott NY 13760									
Broome County Catholic Youth Org. 86 Walnut Street	Member Agency				39,185				
Binghamton NY 13905									
Broome County Urban League, Inc. 43-45 Carroll Street	Member Agency				89,781				
Binghamton NY 13901									
Broome-Tioga ARC 125 Cutler Pond Road	Member Agency				26,456				
Binghamton NY 13905									
Catholic Social Services of Broome	Member Agency				260,473				

Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explntn
232 Main Street Binghamton NY 13905					\$	\$	\$		
Crime Victims Assistance Center 377 Robinson Street Binghamton NY 13904	Member Agency				17,863				
Day Nursery Association 32 Stuyvesant Street Binghamton NY 13901	Member Agency				158,661				
Deposit Foundation & Rural Housing PO Box 41 Deposit NY 13754	Member Agency				13,366				
Family Childrens Society of Broome 257 Main Street Binghamton NY 13905	Member Agency				227,673				
Girl Scouts - Indian Hills Council PO Box 2145 Binghamton NY 13902	Member Agency				128,146				

Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Handicapped Childrens Ass.- 18 Broad Street Johnson City NY 13790	So NY Member Agnecy				\$ 69,254	\$	\$		
Jewish Community Center-Binghamton 500 Clubhouse Road Vestal NY 13850	Member Agnecy				72,489				
Johnson City Senior Citizens Center 30 Brocton Street Johnson City NY 13790	Member Agnecy				26,319				
Legal Aid Society of MidNew York 30 Fayette St. Binghamton NY 13901	Member Agnecy				20,000				
Literacy Volunteers of Broome/Tioga 130 W. Main Street Endicott NY 13760	Member Agnecy				13,906				
Mental Health Assoc. of the 153 Court Street	So Tier Member Agnecy				114,284				

Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
Binghamton NY 13901					\$	\$	\$		
National MS Society 457 State Street Binghamton NY 13901	Upstate NY Chap Member Agnecy				13,354				
Planned Parenthood-So. 168 Water Street Binghamton NY 13901	Central NY Member Agnecy				29,485				
Retired & Senior Volunteer Program 230 Main Street Binghamton NY 13905	Member Agnecy				42,234				
SOS Shelter, Inc. PO Box 393 Endicott NY 13761	Member Agnecy				64,589				
The Salvation Army PO Box 1167 Binghamton NY 13902	Member Agnecy				103,112				
YMCA of Broome County	Member Agnecy				200,810				

Federal Statements

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

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
61 Susquehanna Street Binghamton NY 13901					\$	\$	\$		
YWCA of Binghamton/Broome County 80 Hawley Street Binghamton NY 13901	Member Agency				150,831				
Venture grants- various local chari Donor designations					62,000				
					191,195				
Total					\$ 3,250,316	\$ 0	\$ 0		

Statement 5 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation	30,801	43,353	8,423
Benefit Plan Contribution	3,057	4,305	836
Total	\$ 33,858	\$ 47,658	\$ 9,259

Statement 6 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
Insurance	7,750	3,528	2,482	1,740
Subcontract services	529,645	528,252	819	574
Dues and subscriptions	11,566	594	10,925	47
Other	6,903	2,133	367	4,403
Total	<u>\$ 555,864</u>	<u>\$ 534,507</u>	<u>\$ 14,593</u>	<u>\$ 6,764</u>

Statement 7 - 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 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 Homeless

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

Statement 8 - Form 990, Part III, Line e - Other Program Services

Description

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.

Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US and State Government	\$ 7,269,472	\$ 4,713,057	Market
Corporate Stock	13,785,796	14,694,177	Market
Corporate Bonds		2,281,802	
Total	<u>\$21,055,268</u>	<u>\$21,689,036</u>	

Statement 10 - Form 990, Part IV, Line 55 - Investments in Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Land	\$ 12,881	\$	\$ 12,881	\$
Building & Improvements	501,469		501,469	
Equipment & Fixtures	158,975		161,271	
Computer Software	39,043		43,043	
		478,127		506,467
Total	<u>\$ 712,368</u>	<u>\$ 478,127</u>	<u>\$ 718,664</u>	<u>\$ 506,467</u>

Statement 11 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Pension Costs	\$ 83,264	\$ 57,030
Accrued Investment Income	110,795	111,998
Total	<u>\$ 194,059</u>	<u>\$ 169,028</u>

Statement 12 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Accrued Pension Cost	\$ 114,304	\$ 75,175
Total	<u>\$ 114,304</u>	<u>\$ 75,175</u>

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

Description	Amount
Amounts raised in behalf of others	\$ 421,694
Total	\$ <u>421,694</u>

Statement 14 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
Minimum pension liability adjustment	\$ -38,645
Total	\$ <u>-38,645</u>

Statement 15 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
Amounts raised in behalf of others (Non member agencies)	\$ 191,195
Designated contributions allocated to member agencies	230,499
Total	\$ <u>421,694</u>

Federal Statements**Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
John G Spencer PO Box 550 Binghamton NY 13902	Ex. Director	45	82,577	8,200	0
Gina S. Denniston C/O United Way, PO Box 550 Binghamton NY 13902	President	0	0	0	0
Judy U. Siggins, Ph.D. C/O United Way, PO Box 550 Binghamton NY 13902	VP	0	0	0	0
Patrick M. Gleason C/O United Way, PO Box 550 Binghamton NY 13902	VP	0	0	0	0
Ann McNichols C/O United Way, PO Box 550 Binghamton NY 13902	Secretary	0	0	0	0
John G. Mondorf, CPA C/O United Way, PO Box 550 Binghamton NY 13902	Treasurer	0	0	0	0
Susan M. Farrell C/O United Way, PO Box 550 Binghamton NY 13902	Asst. Treasu	0	0	0	0
Martine Akel-Bordages C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Jane Blake C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0

Federal Statements**Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Allen Buyck C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Jose' Caceres C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Sarah Campbell, Esq. C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Lauri J. Capwell C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
John H. Coleman C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Kevin Coughlin C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Margaret S. Crocker C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
James Felmet C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Dr. Murray Frick C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0

Federal Statements**Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Edwin C. Gent Sr., P.E. C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Alfred Gorick Jr. C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Bernard M. Griffin C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Stephen T. Guinan C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Linda S. Hoke C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Maryann K. Johnson C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Brian L. Laud C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
John Leet C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Ronald W. Lesch C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0

Federal Statements**Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Ryoichi Matsushima C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Kerry M. Mitchell C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Michael J. Morgan C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
David L. Niefer C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Diane M. Novak C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Sam Rosato C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Jeffrey Shafer DVM C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Margaret Shiel C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
James W. Silkworth C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0

Federal Statements

Statement 16 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Rodger Summers C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Susann Thiel C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Teresa J. Turner C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Kelly Wagstaff C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Mary Ann Wilcox C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0

Statement 17 - 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 for Early Childhood programs
103b	Fees recieved supporting donor designation

**Statement 18 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of
Exp**

Description

United Way maintains trust accounts at four local banks. Each of these banks has an employee that serves on the board of directors, but that person is not directly involved with the management of the trust assets. The banks receive fees for the investment services, which totaled \$82,051

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2006
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 016 and CHAR 006)		Open to Public Inspection

1. General Information			
a. For the fiscal year beginning (mm/dd/yyyy) _____ and ending (mm/dd/yyyy) _____			
b. Ck. if applic. for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization UNITED WAY OF BROOME COUNTY, INC.		d. Fed. employer ID no. (EIN) (##-#####) 15-0564074
	Number and street (or P.O. box if mail not delivered to street address)		e. NY State registration no. (##-##-###) 00-48-78
	PO BOX 550	Room/suite	f. Telephone number 607-729-2592
	City or town, state or country and zip + 4 BINGHAMTON NY 13902-0550	g. Email LBROOKS@UWBROOME.ORG	

2. Certification - Two Signatures Required			
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	Signature	Printed Name	Title
b. Chief Financial Officer or	Signature	Printed Name	Title
	Date	Date	Date

3. Annual Report Exemption Information	
a.	Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check a <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and 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. NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used and either: 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal and contributions from all other sources did not exceed \$25,000 or 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 a <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 and the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A 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. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not 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.	

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

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments.
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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

- **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.

b) 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)