

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 **2007** calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Termination
 - 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 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: **j 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 **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 u

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 u

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 u **10,863,768**

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

		1a		1b		1c		1d		1e	
1 Contributions, gifts, grants, and similar amounts received:											
a Contributions to donor advised funds											
b Direct public support (not included on line 1a)				3,013,722							
c Indirect public support (not included on line 1a)				245,173							
d Government contributions (grants) (not included on line 1a)											
e Total (add lines 1a through 1d) (cash \$ 3,248,390 noncash \$ 10,505)										3,258,895	
2 Program service revenue including government fees and contracts (from Part VII, line 93)										1,077,730	
3 Membership dues and assessments											
4 Interest on savings and temporary cash investments											
5 Dividends and interest from securities										704,661	
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 <input type="checkbox"/> u)											
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		5,796,645		8a							
b Less: cost or other basis and sales expenses				4,752,971		8b					
c Gain or (loss) (attach schedule)				1,043,674		8c					
d Net gain or (loss). Combine line 8c, columns (A) and (B)				See Stmt 1						8d 1,043,674	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> u											
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)										25,837	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										6,110,797	
13 Program services (from line 44, column (B))										4,407,724	
14 Management and general (from line 44, column (C))										269,258	
15 Fundraising (from line 44, column (D))										220,651	
16 Payments to affiliates (attach schedule)										See Statement 2 31,111	
17 Total expenses. Add lines 16 and 44, column (A)										4,928,744	
18 Excess or (deficit) for the year. Subtract line 17 from line 12										1,182,053	
19 Net assets or fund balances at beginning of year (from line 73, column (A))										27,806,908	
20 Other changes in net assets or fund balances (attach explanation)										See Statement 3 125,627	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20										29,114,588	

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"/> u	22a			
22b Other grants and allocations (attach schedule) Stmt 4 (cash \$ 3,278,802 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> u	22b	3,278,802	3,278,802	
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 See Statement 5	25a	118,603	29,453	77,719
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	377,431	177,468	100,638
27 Pension plan contributions not included on lines 25a, b, and c	27	30,546	13,690	9,372
28 Employee benefits not included on lines 25a - 27	28	20,792	9,314	6,342
29 Payroll taxes	29	36,219	16,190	11,083
30 Professional fundraising fees	30			
31 Accounting fees	31	9,650	9,650	
32 Legal fees	32	750	750	
33 Supplies	33	253,741	245,397	5,019
34 Telephone	34	7,493	4,893	1,580
35 Postage and shipping	35	13,677	6,682	4,247
36 Occupancy	36	26,534	11,190	9,328
37 Equipment rental and maintenance	37	8,215	3,464	2,888
38 Printing and publications	38	87,077	25,338	3,528
39 Travel	39	3,269	1,397	1,027
40 Conferences, conventions, and meetings	40	4,403	613	2,375
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	27,518	11,602	9,675
43 Other expenses not covered above (itemize): a See Statement 6	43a	592,913	572,231	14,037
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	4,897,633	4,407,724	269,258

Joint Costs. Check **u** if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? **u** **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?

u See Statement 7

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

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.)

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 \$ **3,278,802**) If this amount includes foreign grants, check here **u**

3,278,802

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 **u**

103,050

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 **u**

50,180

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 **u**

893,668

e Other program services (attach schedule) See Stmt 8

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

82,024

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

u 4,407,724

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	2,726,184	46	3,242,653	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a	3,855,486		
	b Less: allowance for doubtful accounts	48b	245,684	48c	
	49 Grants receivable		389,449	49	250,721
	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		24,540	53	11,455
	54a Investments—publicly-traded securities See Statement 9	u <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	21,689,036	54a	22,592,705
	b Investments—other securities (attach schedule)	u <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a Investments—land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b		55c	
	56 Investments—other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	57a	714,642		
	b Less: accumulated depreciation (attach schedule) See Statement 10	57b	515,651	57c	198,991
58 Other assets, including program-related investments (describe u See Statement 11)		169,028	58	111,798	
59 Total assets (must equal line 74). Add lines 45 through 58		28,803,740	59	30,018,525	
Liabilities	60 Accounts payable and accrued expenses	520,653	60	321,833	
	61 Grants payable	401,004	61	442,568	
	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 u See Statement 12)		75,175	65	139,536
	66 Total liabilities. Add lines 60 through 65		996,832	66	903,937
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here u <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	16,270,199	67	17,312,745	
	68 Temporarily restricted	2,642,885	68	2,877,525	
	69 Permanently restricted	8,893,824	69	8,924,318	
	Organizations that do not follow SFAS 117, check here u <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)		27,806,908	73	29,114,588
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		28,803,740	74	30,018,525

Part VI Other Information (continued)

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? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 84b
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A 85a
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 85b
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c
d Section 162(e) lobbying and political expenditures 85d
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A 85g
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 85h
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a
b Gross receipts, included on line 12, for public use of club facilities 86b
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b
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 88a 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 u 88b X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u 0 ; section 4912 u 0 ; section 4955 u 0
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 u 0
d Enter: Amount of tax on line 89c, above, reimbursed by the organization u 0
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
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? 89g X
90a List the states with which a copy of this return is filed u NY
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 17
91a The books are in care of u Finance Director Telephone no. u 607-729-2592
101 S Jensen Road
Located at u Vestal, NY ZIP + 4 u 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)? 91b X
If "Yes," enter the name of the foreign country u
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

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 Yes No
 If "Yes," enter the name of the foreign country u

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here u
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by 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>					25,800
b <u>Human Service Directory sales</u>					4,124
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,047,806
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	704,661	
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					1,043,674
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>					24,634
c <u>Miscellaneous</u>					1,203
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		704,661	2,147,241
105 Total (add line 104, columns (B), (D), and (E))					2,851,902

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).
93b	Fees from sale of information & referral directory
93a	Sponsorships of Day of Caring program
93g	Contract revenue from County for Early Childhood programs
103b	Fees recieved supporting donor designation

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).

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 11/17/08	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X)
Firm's name (or yours if self-employed), address, and ZIP + 4	Lisa A. Brooks, CPA PO Box 1616 Binghamton, NY 13902		EIN <input checked="" type="checkbox"/> <input type="checkbox"/> Phone no. <input checked="" type="checkbox"/> 607-242-4634

**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

2007

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) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and 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) 2007

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.)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V-A, Form 990 See Statement 17	X	
e	Transfer of any part of its income or assets?		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.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	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		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
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 8 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 Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 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 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,048,715	2,847,797	2,929,658	3,519,156	12,345,326
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	585,121	106,271	60,674	160,665	912,731
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	642,780	574,983	616,620	566,513	2,400,896
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,276,616	3,529,051	3,606,952	4,246,334	15,658,953
24 Line 23 minus line 17	3,691,495	3,422,780	3,546,278	4,085,669	14,746,222
25 Enter 1% of line 23	42,766	35,291	36,070	42,463	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 294,924
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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 393,751
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 14,746,222
d Add: Amounts from column (e) for lines:	18 <u>2,400,896</u>	19 _____	22 _____	26b <u>393,751</u>	26d 2,794,647
e Public support (line 26c minus line 26d total)					26e 11,951,575
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 81.0484%
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
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
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
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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.					27h _____ %

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?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 14 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

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

Federal Statements

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

<u>Desc</u>	<u>How Rec'd</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depr</u>	<u>Gain/-Loss</u>
Publicly Traded Securities					\$5,796,645	\$4,752,971	\$	\$1,043,674
Total					<u>\$5,796,645</u>	<u>\$4,752,971</u>	<u>\$ 0</u>	<u>\$1,043,674</u>

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

<u>Bus Name Address</u>	<u>Purpose</u>	<u>Amount</u>
United Way of America 701 N Fairfax Alexandria VA 22314	Membership	\$ 31,111
Total		<u>\$ 31,111</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	\$ 222,946
Minimum pension liability adjustment	<u>-97,319</u>
Total	<u>\$ 125,627</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 Expl	FMV Expl
ACCORD 30 West State Street Binghamton NY 13900	Member Agency				\$ 11,206	\$	\$		
Action for Older Persons, Inc. 30 West State Street Binghamton NY 13901	Member Agency				92,708				
American Civic Association, Inc. 131 Front Street Binghamton NY 13905	Member Agency				32,000				
American Red Cross So. Tier Chptr 620 East Main Street Endicott NY 13760	Member Agency				316,848				
Boy Scouts- Baden-Powell Council PO Box 66 Southview Station Binghamton NY 13903	Member Agency				146,862				
Boys & Girls Club of Binghamton PO Box 638 Binghamton NY 13902	Member Agency				270,665				

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 Expl	FMV Expl
Boys & Girls Club of Western Broome One Clubhouse Road Endicott NY 13760	Member Agency				\$ 247,367	\$	\$		
Broome County Catholic Youth Org. 86 Walnut Street Binghamton NY 13905	Member Agency				39,292				
Broome County Urban League, Inc. 43-45 Carroll Street Binghamton NY 13901	Member Agency				90,340				
Broome-Tioga ARC 125 Cutler Pond Road Binghamton NY 13905	Member Agency				26,550				
Catholic Social Services of Broome 232 Main Street Binghamton NY 13905	Member Agency				262,646				
Crime Victims Assistance Center 377 Robinson Street Binghamton NY 13904	Member Agency				17,863				

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 Expl	FMV Expl
Day Nursery Association 32 Stuyvesant Street Binghamton NY 13901	Member Agency				\$ 159,761	\$	\$		
Deposit Foundation & Rural Housing PO Box 41 Deposit NY 13754	Member Agency				13,417				
Family Childrens Society of Broome 257 Main Street Binghamton NY 13905	Member Agency				228,488				
Girl Scouts - Indian Hills Council PO Box 2145 Binghamton NY 13902	Member Agency				128,774				
Handicapped Childrens Ass.- So NY 18 Broad Street Johnson City NY 13790	Member Agency				69,254				
Jewish Community Center-Binghamton 500 Clubhouse Road Vestal NY 13850	Member Agency				72,597				

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 Expl	FMV Expl
Johnson City Senior Citizens Center 30 Brocton Street Johnson City NY 13790	Member Agency				\$ 25,619	\$	\$		
Legal Aid Society of MidNew York 30 Fayette St. Binghamton NY 13901	Member Agency				20,367				
Literacy Volunteers of Broome/Tioga 130 W. Main Street Endicott NY 13760	Member Agency				13,906				
Mental Health Assoc. of the So Tier 153 Court Street Binghamton NY 13901	Member Agency				114,813				
National MS Society Upstate NY Chap 457 State Street Binghamton NY 13901	Member Agency				14,166				
Planned Parenthood-So. Central NY 168 Water Street Binghamton NY 13901	Member Agency				29,500				

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 Expl	FMV Expl
Retired & Senior Volunteer Program 230 Main Street Binghamton NY 13905	Member Agency				\$ 42,439	\$	\$		
SOS Shelter, Inc. PO Box 393 Endicott NY 13761	Member Agency				64,589				
The Salvation Army PO Box 1167 Binghamton NY 13902	Member Agency				103,163				
Wilson Children Center 61 Front Street Deposit NY 13754	Member Agency				11,000				
YMCA of Broome County 61 Susquehanna Street Binghamton NY 13901	Member Agency				201,987				
YWCA of Binghamton/Broome County 80 Hawley Street Binghamton NY 13901	Member Agency				151,508				

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 Expl	FMV Expl
Venture grants- various local chari					\$ 154,701	\$	\$		
Donor designations					104,406				
Total					\$ <u>3,278,802</u>	\$ <u>0</u>	\$ <u>0</u>		

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

Name	Program Services	Management & General	Fundraising
Expenses	\$	\$	\$
Compensation	26,200	69,135	10,177
Benefit Plan Contribution	3,253	8,584	1,254
Total	\$ <u>29,453</u>	\$ <u>77,719</u>	\$ <u>11,431</u>

Federal Statements**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	8,017	3,381	2,818	1,818
Subcontract services	565,120	563,592	929	599
Dues and subscriptions	12,641	4,264	6,442	1,935
Other	7,135	994	3,848	2,293
Total	<u>\$ 592,913</u>	<u>\$ 572,231</u>	<u>\$ 14,037</u>	<u>\$ 6,645</u>

Statement 7 - Form 990, Part III - Organization's Primary Exempt PurposeDescription

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 ServicesDescription

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

Description	Beginning of Year	End of Year	Basis of Valuation
US and State Government	\$ 4,713,057	\$ 5,015,484	Market
Corporate Stock	14,694,177	15,103,172	Market
Corporate Bonds	2,281,802	2,474,049	
Total	<u>\$21,689,036</u>	<u>\$22,592,705</u>	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
Building & Improvements	\$ 501,469	\$	\$ 504,944	\$
Equipment, Furniture & Fixtures	161,271		153,774	
Software	43,043		43,043	
Land		506,467		515,651
Total	<u>\$ 718,664</u>	<u>\$ 506,467</u>	<u>\$ 714,642</u>	<u>\$ 515,651</u>

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

Description	Beginning of Year	End of Year
Prepaid Pension Costs	\$ 57,030	\$
Accrued Investment Income	111,998	111,798
Total	<u>\$ 169,028</u>	<u>\$ 111,798</u>

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

Description	Beginning of Year	End of Year
Accrued Pension Cost	\$ 75,175	\$ 139,536
Total	<u>\$ 75,175</u>	<u>\$ 139,536</u>

Federal Statements

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

Description	Amount
Amounts raised in behalf of others	\$ 304,128
Total	\$ 304,128

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

Description	Amount
Minimum pension liability adjustment	\$ 97,319
Total	\$ 97,319

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

Description	Amount
Designated contributions allocated to member agencies	\$ 199,722
Designations to non member agencies	104,406
Total	\$ 304,128

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 Spencer PO Box 550 Binghamton NY 13902	Exec Dir	0	57,571	7,149	0
Mark Freeh PO Box 550 Binghamton NY 13902	Exec Dir.	0	47,850	6,033	0
Oliver Blaise, III C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	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. Treas.	0	0	0	0
Jane Blake C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Scott Brown C/O United Way, PO Binghamton NY 13902	Board Member	0	0	0	0
Allen Buyck C/O United Way, PO Box 550	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>
Binghamton NY 13902					
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
Mark Capobianco C/O United Way, PO Binghamton NY 13902	Ass Camp Chr	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
Edwin C. Gent Sr., P.E. 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>
Alfred Gorick Jr. C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Merry Harris C/O United Way, PO 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
Ann Marie Murray C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Suzanne Myette C/O United Way, PO 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
Ryoichi Matsushima 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	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>
Binghamton NY 13902					
Edgar Parsons, III C/O United Way, PO Binghamton NY 13902	Board Member	0	0	0	0
Mario Petta C/O United Way, PO 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
James W. Silkworth C/O United Way, PO Box 550 Binghamton NY 13902	Board Member	0	0	0	0
Jamie Striley C/O United Way, PO 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

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>
Mary Ann Wilcox C/O United Way, PO Box 550 Binghamton NY 13902	Vice Pres.	0	0	0	0

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

United Way maintains trust accounts at four local banks. Two 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 recieve fees for the investment services, which totaled \$86,286