

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)

2008

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 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.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address): **PO Box 550** Room/suite _____
 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 Name and address of principal officer:
Mary Ann Wilcox
101 S. Jensen Road
Vestal NY 13850

G Gross receipts \$ **13,007,842**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) t (insert no.) 4947(a)(1) or 527

J Website: **www.uwbroome.org**

K Type of organization: Corporation Trust Association Other _____

L Year of formation: **1954** **M** State of legal domicile: **NY**

H(c) Group exemption number **u**

Part I Summary

| | | | |
|-----------------------------|---|---|---|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: United Way of Broome County is working to advance the common good, by focusing on areas of community service that can make lasting change in lives of the residents of Broome County. | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets. | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 36 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 36 |
| | 5 | Total number of employees (Part V, line 2a) | 23 |
| | 6 | Total number of volunteers (estimate if necessary) | 1934 |
| | 7a | Total gross unrelated business revenue from Part VIII, line 12, column (C) | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 3,258,895 Current Year: 5,215,738 |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,077,730 94,334 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,748,335 759,475 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 25,837 7,907 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,110,797 6,077,454 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,278,802 3,517,510 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 547,372 616,083 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) u 220,847 | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,102,570 705,046 | |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,928,744 4,838,639 | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 1,182,053 1,238,815 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Year: 30,018,525 End of Year: 24,527,712 |
| | 21 | Total liabilities (Part X, line 26) | 903,937 1,031,255 |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 29,114,588 23,496,457 |

Part II Signature Block

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.

Sign Here

Signature of officer: **Mary Ann Wilcox** Date: _____
 Type or print name and title: **President**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed **u** Preparer's identifying number (see instructions): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **This tax return prepared by a non-paid preparer.** EIN **u** Phone no. **u**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

United Way of Broome County is working to advance the common good, by focusing on areas of community service that can make lasting change in lives of the residents of Broome County.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,586,251** including grants of \$ **3,517,510**) (Revenue \$)

Partner agencies are provided funding for programs that support the United Way of Broome County's community service areas. These areas of service are: Helping Young People Succeed; Strengthening Families; Promoting Health and Wellness; Building a Stronger Community; Assisting Older Adults; and Handling Emergencies, Including Fighting Hunger and Homelessness. For more information regarding the specific programs funded within each impact area, please see Statement O to this Form 990.

Funds to agencies also includes donor directed funding to other qualified charitable organizations.

4b (Code:) (Expenses \$ **154,837** including grants of \$) (Revenue \$ **48,080**)

First Call for Help- Provides 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 FCFH website, along with a directory published annually.

4c (Code:) (Expenses \$ **51,501** including grants of \$) (Revenue \$ **20,400**)

Day of Caring & Volunteer Action Center

- Day of Caring is a community-wide volunteer event which serves numerous nonprofit agencies and other charitable organizations throughout Broome County.

-The Voluntary Action Center works to promote active volunteerism in the community.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ **491,924** including grants of \$) (Revenue \$)

4e Total program service expenses u \$ **4,284,513** (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

| | | Yes | No |
|-----|--|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | X | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | X |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----------|---|----------|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee: | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|----------|----------|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | |
| 1a | 29 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1b | 0 | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | X |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| 2a | 23 | | |
| 2b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | X |
| 3b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | |
| 4a | 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)? | | X |
| 4b | 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. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| 5c | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | X |
| 6b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| 7a | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? | | X |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | X |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | X |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | X |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | | |
| 9a | Did the organization make any taxable distributions under section 4966? | | X |
| 9b | Did the organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| 11a | Gross income from members or shareholders | | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|---|---|-----------|-----------|
| For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 36 |
| b | Enter the number of voting members that are independent | 1b | 36 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 | Does the organization have members or stockholders? | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 9b | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10 | X |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | X |

Section B. Policies

| | | Yes | No |
|------------|--|------------|----------|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X |
| b | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) | 15b | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

| | | | |
|-----------|--|----------|-----------|
| 17 | List the states with which a copy of this Form 990 is required to be filed | u | NY |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u United Way of Broome County 101 S Jensen Road Vestal NY 13850 607-729-2592 | | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

I List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

I List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

I List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

I List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Debbie Andrako Director | 2 | X | | | | | 0 | 0 | 0 | |
| Oliver N. Blaise III, Esq Director | 2 | X | | | | | 0 | 0 | 0 | |
| Jane Blake Director | 2 | X | | | | | 0 | 0 | 0 | |
| Scott Brown Director | 2 | X | | | | | 0 | 0 | 0 | |
| Allen Buyck VP | 3 | X | | X | | | 0 | 0 | 0 | |
| Sarah Campbell, Esq. Director | 2 | X | | | | | 0 | 0 | 0 | |
| Mark A. Capobianco Director | 2 | X | | | | | 0 | 0 | 0 | |
| Kevin M. Coughlin Director | 2 | X | | | | | 0 | 0 | 0 | |
| Margaret S. Crocker Director | 2 | X | | | | | 0 | 0 | 0 | |
| Bijoy Datta Director | 2 | X | | | | | 0 | 0 | 0 | |
| Casey Epe Director | 2 | X | | | | | 0 | 0 | 0 | |
| James Felmet Director | 2 | X | | | | | 0 | 0 | 0 | |
| Doris Getty Asst Treas. | 2 | X | | X | | | 0 | 0 | 0 | |
| Valerie Hampton Director | 2 | X | | | | | 0 | 0 | 0 | |
| Merry Harris Director | 2 | X | | | | | 0 | 0 | 0 | |
| Linda Hoke Director | 2 | X | | | | | 0 | 0 | 0 | |
| Maryann K. Johnson Director | 2 | X | | | | | 0 | 0 | 0 | |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Diane Kerth Director | 2 | X | | | | | 0 | 0 | 0 | |
| Robin Kinslow-Evans Director | 2 | X | | | | | 0 | 0 | 0 | |
| Sebastien Lafontant Director | 2 | X | | | | | 0 | 0 | 0 | |
| Ron Lanouette Director | 2 | X | | | | | 0 | 0 | 0 | |
| John Leet Secretary | 3 | X | | X | | | 0 | 0 | 0 | |
| Ronald W. Lesch Director | 2 | X | | | | | 0 | 0 | 0 | |
| Justin A Marchuska II Director | 2 | X | | | | | 0 | 0 | 0 | |
| Jim Marean Director | 2 | X | | | | | 0 | 0 | 0 | |
| Ryoichi Matsushima Director | 2 | X | | | | | 0 | 0 | 0 | |
| John G. Mondorf, CPA Director | 2 | X | | | | | 0 | 0 | 0 | |
| Suzanne S. Myette Director | 2 | X | | | | | 0 | 0 | 0 | |
| David L. Niefer Director | 2 | X | | | | | 0 | 0 | 0 | |
| Edgar Parsons III Treasurer | 2 | X | | X | | | 0 | 0 | 0 | |
| 1b Total | | | | | | | 83,955 | | | |

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **u 0**

| | Yes | No |
|---|-----|----------|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **u 0**

Part VIII: Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|---|--------------------------------|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 267,736 | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 4,948,002 | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 2,073,383 | | | | | |
| | h Total. Add lines 1a-1f | u | 5,215,738 | | | | |
| Program Service Revenue | | Busn. Code | | | | | |
| | 2a 211 /First Call For Help | | 48,080 | 48,080 | | | |
| | b Day of Caring Sponsorship | | 24,200 | 24,200 | | | |
| | c ICP & Early Childhood Grants | | 17,135 | 17,135 | | | |
| | d Human Service Directory Sales | | 4,919 | 4,919 | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | u | 94,334 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | u | 704,456 | | | 704,456 | |
| | 4 Income from investment of tax-exempt bond proceeds | u | | | | | |
| | 5 Royalties | u | | | | | |
| | 6a Gross Rents | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | b Less: rental exps. | | | | | | |
| | c Rental inc. or (loss) | | | | | | |
| | d Net rental income or (loss) | u | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | 6,985,407 | | | | |
| | | (ii) Other | | | | | |
| | b Less: cost or other basis & sales exps. | | 6,930,388 | | | | |
| | c Gain or (loss) | | 55,019 | | | | |
| | d Net gain or (loss) | u | 55,019 | 55,019 | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | | | |
| | | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from fundraising events | u | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | u | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | u | | | | | | |
| Miscellaneous Revenue | | Busn. Code | | | | | |
| 11a Service fees on designations | | | 7,556 | 7,556 | | | |
| b Miscellaneous | | | 351 | 351 | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | u | | 7,907 | | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | u | | 6,077,454 | 157,260 | 0 | 704,456 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 3,517,510 | 3,517,510 | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 83,954 | 9,224 | 68,571 | 6,159 |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 421,414 | 180,489 | 138,744 | 102,181 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 42,211 | 15,846 | 17,316 | 9,049 |
| 9 Other employee benefits | 22,997 | 8,633 | 9,434 | 4,930 |
| 10 Payroll taxes | 45,507 | 17,083 | 18,668 | 9,756 |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 750 | | 750 | |
| c Accounting | 9,900 | | 9,900 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 8,112 | 2,445 | 4,271 | 1,396 |
| 12 Advertising and promotion | 85,370 | 30,162 | 3,248 | 51,960 |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 27,217 | 10,217 | 11,165 | 5,835 |
| 17 Travel | 7,931 | 3,813 | 1,748 | 2,370 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 2,626 | 986 | 1,077 | 563 |
| 20 Interest | | | | |
| 21 Payments to affiliates | 39,282 | 14,747 | 16,114 | 8,421 |
| 22 Depreciation, depletion, and amortization | 27,909 | 10,476 | 11,449 | 5,984 |
| 23 Insurance | 8,127 | 3,051 | 3,334 | 1,742 |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a Program costs & supplies | 449,459 | 443,677 | 3,242 | 2,540 |
| b Postage | 12,031 | 5,140 | 4,526 | 2,365 |
| c Telephone | 8,059 | 4,967 | 2,031 | 1,061 |
| d Other | 6,988 | 2,386 | 1,844 | 2,758 |
| e Repair & Main. Bldg/Equip | 6,084 | 2,284 | 2,496 | 1,304 |
| f All other expenses | 5,201 | 1,377 | 3,351 | 473 |
| 25 Total functional expenses. Add lines 1 through 24f | 4,838,639 | 4,284,513 | 333,279 | 220,847 |
| 26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|---|--|------------|--------------------|------------|
| Assets | 1 | Cash—non-interest bearing | 400 | 1 | 400 |
| | 2 | Savings and temporary cash investments | 3,242,653 | 2 | 2,607,055 |
| | 3 | Pledges and grants receivable, net | 3,860,523 | 3 | 4,105,691 |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 11,455 | 9 | 12,708 |
| | 10a | Land, buildings, and equipment: cost basis | 730,979 | | |
| | b | Less: accumulated depreciation. Complete Part VI of Schedule D | 531,320 | 10c | 199,659 |
| | 11 | Investments—publicly traded securities | 22,592,705 | 11 | 17,497,838 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 111,798 | 15 | 104,361 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 30,018,525 | 16 | 24,527,712 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 321,833 | 17 | 281,734 |
| | 18 | Grants payable | 442,568 | 18 | 211,554 |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | 139,536 | 25 | 537,967 |
| | 26 | Total liabilities. Add lines 17 through 25 | 903,937 | 26 | 1,031,255 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 17,312,745 | 27 | 10,367,517 |
| | 28 | Temporarily restricted net assets | 2,877,525 | 28 | 2,483,939 |
| | 29 | Permanently restricted net assets | 8,924,318 | 29 | 10,645,001 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 29,114,588 | 33 | 23,496,457 | |
| 34 | Total liabilities and net assets/fund balances | 30,018,525 | 34 | 24,527,712 | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|----|---|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally Integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the organizations the organization supports.

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? | | (v) Did you notify the organization in col. (i) of your support? | | (vi) Is the organization in col. (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) \cup | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,929,658 | 2,847,797 | 3,048,715 | 3,248,390 | 3,142,355 | 15,216,915 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1-3 | 2,929,658 | 2,847,797 | 3,048,715 | 3,248,390 | 3,142,355 | 15,216,915 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 274,970 |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 14,941,945 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) \cup | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 2,929,658 | 2,847,797 | 3,048,715 | 3,248,390 | 3,142,355 | 15,216,915 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 616,620 | 574,983 | 642,780 | 704,661 | 704,456 | 3,243,500 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 18,460,415 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 1,894,226 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|-------------------------------------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 80.9405 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 81.0484 % |
| 16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) \cup | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) \cup | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Employer identification number

United Way of Broome County, Inc.

15-0564074

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number and acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

| | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|-------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 25,763,249 | | | | |
| b Contributions | 2,198,565 | | | | |
| c Investment earnings or losses | -5,935,518 | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 1,115,656 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 20,910,640 | | | | |

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|----------|----------|
| 3a(i) | X | |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| 1a Land | | 12,881 | | 12,881 |
| b Buildings | | 507,468 | 378,148 | 129,320 |
| c Leasehold improvements | | | | |
| d Equipment | | 167,587 | 130,387 | 37,200 |
| e Other | | 43,043 | 22,785 | 20,258 |
| Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | u | 199,659 |

Part X: Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|--|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 6,077,454 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 4,838,639 |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 1,238,815 |
| 4 | Net unrealized gains (losses) on investments | 4 | -6,675,939 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -181,007 |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -6,856,946 |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -5,618,131 |

Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | -906,305 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -6,675,939 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | -6,675,939 |
| 3 | Subtract line 2e from line 1 | 3 | 5,769,634 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 307,820 |
| c | Add lines 4a and 4b | 4c | 307,820 |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.) | 5 | 6,077,454 |

Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 4,711,826 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | 398,431 |
| e | Add lines 2a through 2d | 2e | 398,431 |
| 3 | Subtract line 2e from line 1 | 3 | 4,313,395 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | 525,244 |
| c | Add lines 4a and 4b | 4c | 525,244 |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 4,838,639 |

Part XIV: Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part V, Line 4 - Intended Uses for Endowment Funds

The distributions from trust and endowment funds maintained by the United Way of Broome County are based upon the total return policy. Each year, the five year average of the fair market value of the Trust and Endowment funds is calculated and based upon that average, the Trust Fund approves both an annual distribution to support the annual budget (as part of the campaign), and an allowance for the Emergency and Capital Needs fund.

Part XIV Supplemental Information (continued)

Generally, the distribution to annual pledge to the campaign is 5% of the market value of the funds, in 2008, \$ 940,000 was distributed. There was no new distribution approved from the Emergency and Capital needs fund, as the fund principal is permanently restricted, and market declines had reduced the fund to close to the principal value at the time of valuation.

Part XI, Line 8 - Reconciliation of Changes - Other

Table with 2 columns: Description and Amount. Rows include: Amounts raised in behalf of others (\$ -307,820), Minimum pension liability adjustment (\$ -398,431), Designated contributions allocated to member agencies (\$ 217,424), Designated contributions to others (\$ 307,820).

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Table with 2 columns: Description and Amount. Row: Amounts raised in behalf of others (\$ 307,820).

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Table with 2 columns: Description and Amount. Row: Minimum pension liability adjustment (\$ 398,431).

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Table with 2 columns: Description and Amount. Rows include: Designated contributions allocated to member agencies (\$ 217,424), Designated contributions to others (\$ 307,820).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

u Attach to Form 990.

Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed u

| 1 | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| | ACCORD, A Center for Dispute 30 W State St 2nd Fl Binghamton NY 13901 | 16-1182234 | 3 | 9,917 | | | | Voices for Children |
| | Action for Older Persons, Inc. 30 West State Street Binghamton NY 13901 | 23-7060657 | 3 | 33,299 | | | | Hlth ins. counseling |
| | Action for Older Persons, Inc. 30 West State Street Binghamton NY 13901 | 23-7060657 | 3 | 51,485 | | | | Public ed/elder plng |
| | Action for Older Persons, Inc. 30 West State Street Binghamton NY 13901 | 23-7060657 | 3 | 8,518 | | | | Protection of adults |
| | American Civic Association 131 Front St Binghamton NY 13905 | 15-0539034 | 3 | 27,740 | | | | Casewk/ tech assist. |
| | American Civic Association 131 Front St Binghamton NY 13905 | 15-0539034 | 3 | 5,400 | | | | Refugee program |
| | American Red Cross Southern Tier 620 East Main St Endicott NY 13760 | 53-0196605 | 3 | 316,380 | | | | Emergency & safety |
| | Boy Scouts, Baden-Powell Council 2150 State Route 12 Binghamton NY 13901 | 15-0536607 | 3 | 45,676 | | | | At risk youth |
| | Boy Scouts, Baden-Powell Council 2151 State Route 12 Binghamton NY 13902 | 15-0536608 | 3 | 89,515 | | | | Youth & families |

2 Enter total number of section 501(c)(3) and government organizations 135

3 Enter total number of other organizations 2

Part III: Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

About 95 allocations volunteers served on committees or allocation panels in 2008, and were responsible for reviewing partner agency programs, finances, and management to ensure that funds go to effective, well-run agencies and that the programs address community needs.

Partner agencies were required to submit annual independent audits, detailed program budgets and semi annual reports of actual program costs, revenues and outcomes. These reports were used by the allocation

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Boy Scouts, Baden-Powell Council 2152 State Route 12 Binghamton NY 13903 | 15-0536609 | 3 | 8,616 | | | | Chld abuse prevent. |
| Boys & Girls Club of Binghamton 257 Washington Street Binghamton NY 13901 | 15-0539040 | 3 | 161,598 | | | | General support |
| Boys & Girls Club of Binghamton 257 Washington Street Binghamton NY 13901 | 15-0539040 | 3 | 28,382 | | | | Teen program |
| Boys & Girls Club of Binghamton 257 Washington Street Binghamton NY 13901 | 15-0539040 | 3 | 52,604 | | | | Camp Seratoma |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13760 | 16-1446907 | 3 | 49,040 | | | | Education/cultural |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13760 | 16-1446908 | 3 | 64,291 | | | | Physical ed. & hlth |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13762 | 16-1446909 | 3 | 57,075 | | | | Youth development |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13763 | 16-1446910 | 3 | 62,060 | | | | Child care |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13764 | 16-1446911 | 3 | 8,677 | | | | Commyty education |
| Boys & Girls Club of Western Broome One Clubhouse Rd. Endicott NY 13764 | 16-1446911 | 3 | 6,460 | | | | Senior activities |
| Broome Co Catholic Youth Organ. 86 Walnut St Binghamton NY 13905 | 16-1170407 | 3 | 19,466 | | | | Athletic recreation |

2 Enter total number of Section 501(c)(3) and government organizations u _____
3 Enter total number of other organizations u _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Broome Co. Catholic Youth Organ. 86 Walnut St Binghamton NY 13905 | 16-1170407 | 3 | 19,443 | | | | Family therapy |
| Broome County Urban League, Inc. 43-45 Carroll St Binghamton NY 13901 | 15-0547362 | 3 | 79,517 | | | | Youth centers |
| Broome County Urban League, Inc. 43-45 Carroll St Binghamton NY 13902 | 15-0547363 | 3 | 27,613 | | | | Center for help |
| Broome County YMCA 61 Susquehanna St Binghamton NY 13901 | 22-2604920 | 3 | 157,524 | | | | Soc.Develop - youth |
| Broome County YMCA 61 Susquehanna St Binghamton NY 13901 | 22-2604920 | 3 | 29,864 | | | | Child care |
| Broome County YMCA 61 Susquehanna St Binghamton NY 13901 | 22-2604920 | 3 | 7,045 | | | | Homeless |
| Broome County YMCA 61 Susquehanna St Binghamton NY 13901 | 22-2604920 | 3 | 6,486 | | | | Day Camp |
| Catholic Social Services of Broome 232 Main St Binghamton NY 13905 | 16-1170407 | 3 | 182,473 | | | | Counseling |
| Catholic Social Services of Broome 232 Main St Binghamton NY 13905 | 16-1170407 | 3 | 49,362 | | | | Preg./parentg/adopt |
| Catholic Social Services of Broome 232 Main St Binghamton NY 13905 | 16-1170407 | 3 | 31,601 | | | | Emergency assist. |
| Crime Victims Assistance Center 377 Robinson St Binghamton NY 13904 | 16-1277309 | 3 | 16,542 | | | | Education |

2 Enter total number of Section 501(c)(3) and government organizations u _____
 3 Enter total number of other organizations u _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Name of the organization **United Way of Broome County, Inc.** Employer identification number **15-0564074**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Day Nursery Association 35 Felters Rd Bldg 16 Binghamton NY 13903 | 15-0532181 | 3 | 143,284 | | | | Child care |
| Deposit Foundation & Rural Housing, 119 Front St Deposit NY 13754 | 22-3073647 | 3 | 8,706 | | | | Vol. transportation |
| Family & Children's Society, Inc. 257 Main Street Binghamton NY 13905 | 15-0627799 | 3 | 138,115 | | | | Counseling |
| Family & Children's Society, Inc. 257 Main Street Binghamton NY 13905 | 15-0627799 | 3 | 40,683 | | | | School programs |
| Family & Children's Society, Inc. 257 Main Street Binghamton NY 13905 | 15-0627799 | 3 | 17,119 | | | | Parent aid |
| Family & Children's Society, Inc. 257 Main Street Binghamton NY 13905 | 15-0627799 | 3 | 30,493 | | | | Elder counseling |
| Girl Scouts - Indian Hills Council, 32 West State St Binghamton NY 13901 | 16-0844808 | 3 | 14,197 | | | | General support |
| Girl Scouts - Indian Hills Council, 32 West State St Binghamton NY 13901 | 16-0844808 | 3 | 78,576 | | | | Resident camp |
| Girl Scouts - Indian Hills Council, 32 West State St Binghamton NY 13901 | 16-0844808 | 3 | 37,053 | | | | Outreach |
| Handicapped Children's Association 18 Broad St Johnson City NY 13790 | 15-0516395 | 3 | 44,950 | | | | Diagnosis/treatment |
| Jewish Community Center of Bing. 500 Clubhouse Rd Vestal NY 13850 | 15-0547107 | 3 | 10,461 | | | | Youth programs |

2 Enter total number of Section 501(c)(3) and government organizations **u** _____
 3 Enter total number of other organizations **u** _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

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Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Jewish Community Center of Bing. 500 Clubhouse Rd Vestal NY 13850 | 15-0547107 | 3 | 8,686 | | | | Hlth & physical ed. |
| Jewish Community Center of Bing. 500 Clubhouse Rd Vestal NY 13850 | 15-0547107 | 3 | 42,630 | | | | Child care |
| Jewish Community Center of Bing. 500 Clubhouse Rd Vestal NY 13850 | 15-0547107 | 3 | 8,282 | | | | Day camp |
| Johnson City Senior Citizens Center 30 Brocton St Johnson City NY 13790 | 22-2471301 | 3 | 6,089 | | | | Recreation & educ. |
| Johnson City Senior Citizens Center 30 Brocton St Johnson City NY 13790 | 22-2471301 | 3 | 7,099 | | | | Health & wellness |
| Johnson City Senior Citizens Center 30 Brocton St Johnson City NY 13790 | 22-2471301 | 3 | 12,573 | | | | Community service |
| Legal Aid Society of Mid-New York 30 Fayette St Binghamton NY 13901 | 15-0578598 | 3 | 24,000 | | | | Legal services |
| Literacy Volunteers of Broome-Tioga 130 West Main St Endicott NY 13760 | 16-6182852 | 3 | 8,277 | | | | General support |
| Literacy Volunteers of Broome-Tioga 130 West Main St Endicott NY 13760 | 16-6182852 | 3 | 5,629 | | | | English/2nd Lang. |
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 37,294 | | | | I&R/ Educ/advoc. |
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 16,669 | | | | Mental hlth players |

2 Enter total number of Section 501(c)(3) and government organizations u _____
3 Enter total number of other organizations u _____

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

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Name of the organization

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Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 5,487 | | | | Self hlp/Yth Mentor |
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 26,688 | | | | Crisis service |
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 20,276 | | | | Chemical depend. |
| Mental Health Association of the 153 Court St Binghamton NY 13901 | 15-0615081 | 3 | 9,948 | | | | B.E.A.R. |
| National Multiple Sclerosis Society 457 State Street Binghamton NY 13901 | 16-0777886 | 3 | 14,166 | | | | Counseling & educ. |
| Planned Parenthood - S. Ctr NY 117 Hawley St Binghamton NY 13901 | 16-1005972 | 3 | 29,500 | | | | Community services |
| Retired & Senior Volunteer Prog. 230 Main St Binghamton NY 13905 | 16-1170407 | 3 | 25,691 | | | | Volunteer services |
| Retired & Senior Volunteer Prog. 230 Main St Binghamton NY 13905 | 16-1170407 | 3 | 17,306 | | | | Transportation |
| SOS Shelter Inc. 1201 E Main St Endicott NY 13760 | 16-1119831 | 3 | 42,896 | | | | Residential services |
| SOS Shelter Inc. 1201 E Main St Endicott NY 13760 | 16-1119831 | 3 | 9,450 | | | | Commtty education |
| SOS Shelter Inc. 1201 E Main St Endicott NY 13760 | 16-1119831 | 3 | 11,804 | | | | Non-residential serv |

2 Enter total number of Section 501(c)(3) and government organizations u _____
3 Enter total number of other organizations u _____

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Internal Revenue Service

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Name of the organization

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Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| The Salvation Army, Binghamton Corp 131 Washington St Binghamton NY 13901 | 13-5562351 | 3 | 27,434 | | | | Youth & adult |
| The Salvation Army, Binghamton Corp 131 Washington St Binghamton NY 13901 | 13-5562351 | 3 | 69,416 | | | | Emergency services |
| Wilson Children's Center 61 Front Street Deposit NY 13754 | 16-1570979 | 3 | 11,000 | | | | Child care |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 35,495 | | | | Child care |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 44,103 | | | | Fitness |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 12,801 | | | | Adult housing |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 16,883 | | | | Emergency housing |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 23,534 | | | | Transitional living |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 10,606 | | | | Encore |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 8,791 | | | | Intensive indep.lvnng |
| American Cancer Society 250 Williams Street NW Atlanta GA 30303 | 13-1788491 | 3 | 15,689 | | | | Donor designation |

2 Enter total number of Section 501(c)(3) and government organizations u _____
 3 Enter total number of other organizations u _____

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

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Part II and Part III, Schedule I (Form 990).

Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| American Heart Association 7272 Greenville Avenue Dallas TX 75231 | 13-5613797 | 3 | 5,620 | | | | Donor designation |
| Broome County Council of Churches 3 Otseningo Street Binghamton NY 13903 | 15-0547374 | 3 | 15,426 | | | | Donor designation |
| First Presbyterian Church 29 Grant Avenue Endicott NY 13760 | | 3 | 6,500 | | | | Donor designation |
| Life Choices Center, Inc. 93 Oak Street Binghamton NY 13905 | 16-1498124 | 3 | 5,054 | | | | Donor designation |
| Tioga United Way 24 State Route 96, Ste 100 Owego NY 13827 | 15-0590181 | 3 | 16,602 | | | | Donor designation |
| United Way of Wyoming Valley 8 West Market Street Wilkes Barre PA 18711 | 24-0831490 | 3 | 6,641 | | | | Donor designation |
| America's Charities 14150 New Brook Dr, Suite 110 Chantilly VA 20151 | 54-1586817 | 3 | 21,314 | | | | Donor designation |
| Community Health Charities of NY PO Box 75153 Baltimore MD 21275 | 22-2570476 | 3 | 25,370 | | | | Donor designation |
| Earth Share of New York 201 E 42nd Street, Suite 3200 NY NY 10017 | 13-3632209 | 3 | 10,138 | | | | Donor designation |
| Global Impact 66 Canal Center Plaza, Ste 310 Alexandria VA 22314 | 52-1273585 | 3 | 14,036 | | | | Donor designation |
| Independent Charities of America 1100 Larkspur Circle Larkspur CA 94939 | 94-3067804 | 3 | 13,538 | | | | Donor designation |

2 Enter total number of Section 501(c)(3) and government organizations u _____
3 Enter total number of other organizations u _____

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Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**u Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

Name of the organization **United Way of Broome County, Inc.** Employer identification number **15-0564074**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| Neighbor to Nation 7620 Little River Turnpike Annandale VA 22003 | 54-1879282 | 3 | 12,706 | | | | Donor designation |
| Opportunities for Broome 56 Whitney Avenue Binghamton NY 13901 | 16-0903802 | 3 | 7,193 | | | | Head start |
| YWCA of Binghamton/Broome County 80 Hawley St Binghamton NY 13901 | 15-0532275 | 3 | 7,250 | | | | Childcare expansion |
| Boy Scouts, Baden-Powell Council 2150 State Route 12 Binghamton NY 13901 | 15-0536607 | 3 | 5,500 | | | | Camp Tuscarora |
| Boys & Girls Club of Binghamton 257 Washington Street Binghamton NY 13901 | 15-0539040 | 3 | 5,600 | | | | Youth outreach |
| Catholic Charities of Broome Co 232 Main Street Binghamton NY 13905 | 16-1170407 | 3 | 6,046 | | | | Donor Designations |
| Meals on Wheels Western Broome 705 West Main Street Endicott NY 13760 | 16-0975652 | 3 | 7,092 | | | | Donor Designations |
| Mom's House 770 Harry L Drive Johnson City NY 13790 | 16-1309049 | 3 | 12,737 | | | | Donor Designations |
| Boys and Girls Club of Binghamton 257 Washington Street Binghamton NY 13901 | 15-0530490 | 3 | 87,500 | | | | Capital Needs Grant |
| Broome Co Urban League 43-45 Carroll Street Binghamton NY 13901 | 15-0547362 | 3 | 9,000 | | | | Capital Needs Grant |
| Jewish Community Center 500 Clubhouse Road Vestal NY 13850 | 15-0547107 | 3 | 13,750 | | | | Capital Needs grant |

2 Enter total number of Section 501(c)(3) and government organizations **u**
 3 Enter total number of other organizations **u**

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NonCash Contributions

U To be completed by organizations that answered "Yes"
on Form 990, Part IV, lines 29 or 30.
U Attach to Form 990.

OMB No. 1545-0047

2008

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United Way of Broome County, Inc.

Employer identification number
15-0564074

Part I Types of Property

| | (a) Check if applicable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|--|-------------------------------|--------------------------------|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 1 | 2,069,458 | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other u (Computers) | X | 1 | 3,925 | |
| 26 Other u () | | | | |
| 27 Other u () | | | | |
| 28 Other u () | | | | |

| | | | |
|----|--|----|----------|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 1 |
|----|--|----|----------|

| | Yes | No |
|-----|----------|----------|
| 30a | | X |
| 31 | X | |
| 32a | | X |
| 33 | | |

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990

u Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

United Way of Broome County, Inc.

Employer identification number

15-0564074

Form 990, Part I, Line 6

United Way of Broome County utilizes volunteers in a number of ways.

Volunteers are involved in policy making and governance of the organization in their capacity as board and committee members. The United Way has over 350 active volunteers associated with the annual fundraising campaign, including keypersons at individual companies, account managers, loaned executives and campaign cabinet members. Volunteers are a vital part of our fund allocation process, with each impact area having a panel of volunteers evaluating partner agency programs that fall within that panel's area of interest. In 2008 there were 95 volunteers associated with that effort. In addition, the United Way of Broome organizes an annual day of community service, the Day of Caring. There were nearly 1,400 participants in the Day of Caring in 2008.

Form 990, Part III, Line 4a - First Achievement

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,

Name of the organization

United Way of Broome County, Inc.

Employer identification number

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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.

Form 990, Part III, Line 4d - All Other Achievements

Community Planning-This program attempts to identify

Name of the organization

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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.

In addition, in 2008, the United Way completed its work on the Broome Area Networking in Disaster (BAND) flood relief project for residents effected by the June and November floods of 2006. BAND was a collaborative effort by a number of local charities, including the United Way. Grants from several local foundations were recieved by the United Way to supplement Federal and State flood relief funding. The total spent for this project in 2008 by United Way of Broome was \$439,282.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990

The annual audit is reviewed by the audit committee and submitted to the Board of Directors for review and approval. The Form 990 is prepared directly from the financial data reported on the audited financial statements, and is submitted to members of the Board for their review before it is filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

After the annual meeting each year, board members are distributed a copy of the code of ethics which they are required to read, sign off that they have read, complete on the attached form a list of any possible conflicts of interest as defined in the code of ethics and return to United

Name of the organization

United Way of Broome County, Inc.

Employer identification number

15-0564074

Way staff.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Our current executive director was recently hired, and as part of his hiring and salary determination, his compensation was reviewed by the search committee. That committee used comparable salaries for executive directors for other local, similar sized agencies along with salary information for United Way Executive Directors in our region to determine a reasonable salary. A formal compensation review committee will be formed for ongoing evaluation of Executive Director compensation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The review of compensation of other employees is done by the Administrative Services Committee as part of the Budget process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The United Way of Broome County publishes both its audited financial statement and Form 990 on its website to make it available to the general public. In additon the audited financial statments will also be provided on request to any interested party.

| | | |
|---|---|---------------------------|
| 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 | 2008 |
| This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 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. Check if applicable 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">c. Name of organization UNITED WAY OF BROOME COUNTY, INC.</td> <td>d. Fed. employer ID no. (EIN) (##-#####) 15-0564074</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail not delivered to street address) PO BOX 550</td> <td>e. NY State registration no. (##-##-##) 00-48-78</td> </tr> <tr> <td>Room/suite</td> <td colspan="2">f. Telephone number 607-729-2592</td> </tr> <tr> <td>City or town, state or country and zip + 4 BINGHAMTON NY 13902-0550</td> <td colspan="2">g. Email</td> </tr> </table> | 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) PO BOX 550 | | e. NY State registration no. (##-##-##) 00-48-78 | Room/suite | f. Telephone number 607-729-2592 | | City or town, state or country and zip + 4 BINGHAMTON NY 13902-0550 | g. Email | |
| 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) PO BOX 550 | | e. NY State registration no. (##-##-##) 00-48-78 | | | | | | | | | | | |
| Room/suite | f. Telephone number 607-729-2592 | | | | | | | | | | | | |
| City or town, state or country and zip + 4 BINGHAMTON NY 13902-0550 | g. Email | | | | | | | | | | | | |

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 _____ | Date _____ |
| b. Chief Financial Officer or | Signature _____ | Printed Name _____ | Title _____ | Date _____ |

3. Annual Report Exemption Information

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)
 Check **a** 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** 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? Yes* No
 * If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? Yes* 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: | | Submit only one check or money order for the total fee, payable to "NYS Department of Law" |
| a. Article 7-A filing fee | \$ 25 | |
| 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.

