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## Return of Organization Exempt From Income Tax

2010

Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

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

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning

, 2010, and ending

## B Check if applicable

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

BROOME COUNTY YMCA FOUNDATION  
61 SUSQUEHANNA STREET  
BINGHAMTON, NY 13901-3705

## D Employer identification number

22-2604920

## E Telephone number

607-772-0560

## G Gross receipts \$ 84,323.

I Tax-exempt status  501(c)(3)  501(c) ( ) ▶ (insert no.)  4947(a)(1) or  527H(a) Is this a group return for affiliates?  Yes  NoH(b) Are all affiliates included?  Yes  No

If 'No,' attach a list (see instructions)

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization  Corporation  Trust  Association  Other ▶ L Year of formation 1985 M State of legal domicile NY

## Part I Summary

1 Briefly describe the organization's mission or most significant activities TO PROVIDE SUPPORT TO THE BROOME COUNTY YMCA. THE BROOME COUNTY YMCA IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOME, RACES, AND RELIGIONS. THEIR MISSION IS TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH

2 Check this box ▶  if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) 3 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Activities & Governance	Revenue	Prior Year		Current Year	
		8 Contributions and grants (Part VIII, line 1h)	12,339.	10	21,017.
	9 Program service revenue (Part VIII, line 2g)				
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)				
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,339.		21,017.	

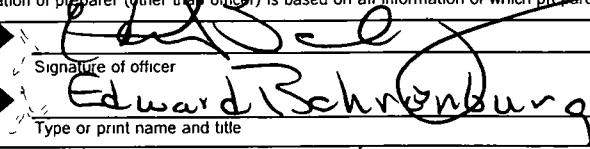
Expenses	Revenue	Prior Year		Current Year	
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	15,000.	15,000.	15,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)				
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
	16a Professional fundraising fees (Part IX, column (A), line 11e)				
	b Total fundraising expenses (Part IX, column (D), line 25) ▶				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,876.		2,452.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	16,876.		17,452.	
	19 Revenue less expenses Subtract line 18 from line 12	-4,537.		3,565.	

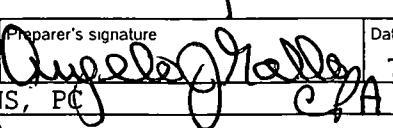
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year		End of Year	
		554,301.	584,576.	0.	0.
	21 Total liabilities (Part X, line 26)				
	22 Net assets or fund balances Subtract line 21 from line 20	554,301.	584,576.		

## 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 Date 8/5/2011

Signature of officer   
 Type or print name and title Edward Schenckburg

Paid Preparer Use Only	Print/Type preparer's name ANGELO J. GALLO	Preparer's signature 	Date 7/19/11	Check <input type="checkbox"/> if self-employed	PTIN N/A
	Firm's name PIAKER & LYONS, PC			Firm's EIN ▶ N/A	
	Firm's address P.O. BOX 1330 BINGHAMTON, NY 13902-1330				
				Phone no (607) 729-9373	

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

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:SEE SCHEDULE O2 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 \$ 15,000. including grants of \$ 15,000. ) (Revenue \$       )  
PROVIDED SUPPORT TO THE BROOME COUNTY YMCA.4b (Code:       ) (Expenses \$        including grants of \$       ) (Revenue \$       )4c (Code       ) (Expenses \$        including grants of \$       ) (Revenue \$       )

4d Other program services (Describe in Schedule O)

(Expenses \$        including grants of \$       ) (Revenue \$       )4e Total program service expenses ► 15,000.

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A. 1 X

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 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 3 X

4 **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II 4 X

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5

6 Did the organization maintain any donor advised funds or any similar funds or 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 6 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 7 X

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 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 9 X

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 X

11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X

b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X

c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X

e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12a X

b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 12b X

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X

14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 United States? If 'Yes,' complete Schedule F, Parts I and IV 14b 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, Parts II and IV 15 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, Parts III and IV 16 X

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) 17 X

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19 X

20a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H 20 X

b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 20b

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	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	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	29	X
30	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	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	32	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	33	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	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

BAA

Form 990 (2010)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V 

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  
 1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  
 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	0	
1b	0	

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  
 b 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 (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  
 b 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)?  
 b If 'Yes,' enter the name of the foreign country. ►

See instructions for 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?  
 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  
 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  
 b 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).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  
 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  
 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  
 d If 'Yes,' indicate the number of Forms 8282 filed during the year  
 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
 g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7a	X
7b	
7c	X
7d	
7e	X
7f	X
7g	
7h	

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

**9 Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?  
 b Did the organization make a distribution to a donor, donor advisor, or related person?

**10 Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12  
 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10a		
10b		

**11 Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders  
 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

11a		
11b		

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

12a		
12b		

**13 Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state?

**Note.** See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

13a		
13b		
13c		

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14a	X
14b	

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6	
1b	Enter the number of voting members included in line 1a, above, who are independent	6	
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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant 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
7b	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	8a	X
	a The governing body?	8b	X
	b Each committee with authority to act on behalf of the governing body?	9	X
9	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		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	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?	10b	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
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 SEE SCHEDULE O	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?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers of key employees of the organization		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)		
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 ► NY

18 Section 6104 requires an organization to make its Forms 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.

Own website  Another's website  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 SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
► RICK PETERSON 61 SUSQUEHANNA STREET BINGHAMTON NY 13901-3705 607-772-0560

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

 Check if Schedule O contains a response to any question in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'

- 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.

- 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

- 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) EDWARD BAHRENBURG CHAIRMAN	0	X		X			0.	0.	0.
(2) CARL ERNSTROM	0	X					0.	0.	0.
(3) JEFF MOYER VICE CHAIR	0	X		X			0.	0.	0.
(4) JOANN PARRY SECRETARY	0	X		X			0.	0.	0.
(5) FRED STEIN	0	X					0.	0.	0.
(6) STEVE SPERO	0	X					0.	0.	0.
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
(17)									

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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
		Former highest compensated employee	Former employee	Key employee			
Individual trustee or director	Institutional trustee	Officer	Officer	Officer	Officer	Officer	Officer
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							
(26)							
(27)							
(28)							
(29)							
<b>1b Sub-total</b>					► 0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>					► 0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>					► 0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

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

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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

	Yes	No
3	X	
4	X	
5	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 but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 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			
	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			
	g Noncash contributions included in lns 1a-1f	\$			
h Total. Add lines 1a-1f		►			
PROGRAM SERVICE REVENUE	2a	Business Code			
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f	►			
3	Investment income (including dividends, interest and other similar amounts)	►	19,183.		19,183.
4	Income from investment of tax-exempt bond proceeds	►			
5	Royalties	►			
6a	Gross Rents	(i) Real	(ii) Personal		
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)	►			
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	65,140.				
b	Less: cost or other basis and sales expenses	63,306.			
c	Gain or (loss)	1,834.			
d	Net gain or (loss)	►	1,834.	1,834.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)	a			
	See Part IV, line 18	b			
b	Less. direct expenses	c			
c	Net income or (loss) from fundraising events	►			
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	►			
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	►			
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d	All other revenue	►			
e	Total. Add lines 11a-11d	►	21,017.	1,834.	0.
12	Total revenue. See instructions	►			19,183.

**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)

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	15,000.	15,000.		
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a <u>FIDUCIARY FEES - WILBER BANK</u>	2,422.		2,422.	
b <u>FOREIGN TAX PAID</u>	30.		30.	
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	17,452.	15,000.	2,452.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Form 990 (2010)

## Part X Balance Sheet

		(A) Beginning of year	(B) End of year
<b>ASSETS</b>	<b>1</b> Cash – non-interest-bearing	<b>1</b>	
	<b>2</b> Savings and temporary cash investments	<b>12,031.</b>	<b>199.</b>
	<b>3</b> Pledges and grants receivable, net	<b>3</b>	
	<b>4</b> Accounts receivable, net	<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	<b>6</b>	
	<b>7</b> Notes and loans receivable, net	<b>7</b>	
	<b>8</b> Inventories for sale or use	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less accumulated depreciation	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments – publicly traded securities	<b>542,270.</b>	<b>584,377.</b>
	<b>12</b> Investments – other securities See Part IV, line 11	<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11	<b>13</b>	
	<b>14</b> Intangible assets	<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11	<b>15</b>	
	<b>16</b> <b>Total assets</b> Add lines 1 through 15 (must equal line 34)	<b>554,301.</b>	<b>584,576.</b>
<b>LIABILITIES</b>	<b>17</b> Accounts payable and accrued expenses	<b>17</b>	
	<b>18</b> Grants payable	<b>18</b>	
	<b>19</b> Deferred revenue	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities	<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D	<b>25</b>	
	<b>26</b> <b>Total liabilities</b> Add lines 17 through 25	<b>0.</b>	<b>0.</b>
<b>NET ASSETS</b>	<b>Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets	<b>554,301.</b>	<b>584,576.</b>
	<b>28</b> Temporarily restricted net assets	<b>28</b>	
	<b>29</b> Permanently restricted net assets	<b>29</b>	
<b>OR FUND BALANCES</b>	<b>Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	<b>32</b>	
	<b>33</b> Total net assets or fund balances	<b>554,301.</b>	<b>584,576.</b>
	<b>34</b> Total liabilities and net assets/fund balances	<b>554,301.</b>	<b>584,576.</b>

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Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	21,017.
2 Total expenses (must equal Part IX, column (A), line 25)	2	17,452.
3 Revenue less expenses Subtract line 2 from line 1	3	3,565.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	554,301.
5 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	26,710.
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	584,576.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

1 Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.

Separate basis  Consolidated basis  Both consolidated and separate basis

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?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

BROOME COUNTY YMCA FOUNDATION

Employer identification number

22-2604920

**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: (For lines 1 through 11, check only one box)

- 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)**.
- 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)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

	Yes	No
11g (i)		X
11g (ii)		X
11g (iii)		X

h Provide the following information about the supported organization(s).

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) BINGHAMTON-BROOME	COUNTY YMCA								
(B)	15-0532282	501 (C) (3)		X					15,000.
(C)									
(D)									
(E)									
<b>Total</b>									15,000.

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

Schedule A (Form 990 or 990-EZ) 2010

**Part II 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
<b>11 Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
<b>13 First five years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>b 33-1/3% support test – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2010.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test – 2009.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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"/>	

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Schedule A (Form 990 or 990-EZ) 2010

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

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 through 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 \$5,000 or 1% of the amount on line 13 for the year  
 c Add lines 7a and 7b  
 8 **Public support** (Subtract line 7c from line 6)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

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 Ins 9, 10c, 11, and 12)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
b						
c						
11						
12						
13						

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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a <b>33-1/3% support tests – 2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33-1/3% support tests – 2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Tax Worksheet**

( 01/01/2010 To 12/31/2010 )

Tax ID : 22-2604920

Account Name : Broome County YMCA Foundation IM

Administrator : Amy B Schlee

Account Number: 1825

Accountant : Not Assigned

State of Domicile: New York

**\* \* Schedule D \* \***

Shares/PV	Asset Sold	Date Acquired	How Acq	Date Sold	Holding Period	Sales Proceeds	Original Cost	Realized Gain/Loss
	200 Bank of America Corp	04/19/2006	P	09/08/2010	Long	2,670.70	9,215.99	-6,545.29
	200 Caterpillar Inc	04/01/2009	P	12/07/2010	Long	18,095.97	5,645.21	12,450.76
0.008	Frontier Communications	04/19/2006	S	07/21/2010	Long	0.06	0.07	-0.01
48	Frontier Communications	04/19/2006	S	07/22/2010	Long	355.17	390.21	-35.04
0.110	GNMA #603320 5.500% 12/15/17	05/04/2006	P	12/15/2010	Long	0.11	0.11	0.00
2.570	GNMA #603320 5.500% 12/15/17	05/04/2006	P	10/15/2010	Long	2.57	2.57	0.00
4.760	GNMA #603320 5.500% 12/15/17	05/04/2006	P	10/15/2010	Long	4.76	4.76	0.00
116.340	GNMA #603320 5.500% 12/15/17	05/04/2006	P	10/15/2010	Long	116.34	116.34	0.00
0.100	GNMA #603320 5.500% 12/15/17	05/04/2006	P	11/15/2010	Long	0.10	0.10	0.00
2.560	GNMA #603320 5.500% 12/15/17	05/04/2006	P	11/15/2010	Long	2.56	2.56	0.00
0.100	GNMA #603320 5.500% 12/15/17	05/04/2006	P	06/15/2010	Long	0.10	0.10	0.00
115.500	GNMA #603320 5.500% 12/15/17	05/04/2006	P	11/15/2010	Long	115.50	115.50	0.00
4.850	GNMA #603320 5.500% 12/15/17	05/04/2006	P	09/15/2010	Long	4.85	4.85	0.00
10.340	GNMA #603320 5.500% 12/15/17	05/04/2006	P	01/15/2010	Long	10.34	10.34	0.00
4.880	GNMA #603320 5.500% 12/15/17	05/04/2006	P	12/15/2010	Long	4.88	4.88	0.00
4.730	GNMA #603320 5.500% 12/15/17	05/04/2006	P	11/15/2010	Long	4.73	4.73	0.00
0.110	GNMA #603320 5.500% 12/15/17	05/04/2006	P	08/15/2010	Long	0.11	0.11	0.00
467.530	GNMA #603320 5.500% 12/15/17	05/04/2006	P	01/15/2010	Long	467.53	467.53	0.00
2.530	GNMA #603320 5.500% 12/15/17	05/04/2006	P	06/15/2010	Long	2.53	2.53	0.00

**Tax Worksheet**

( 01/01/2010 To 12/31/2010 )

Tax ID : 22-2604920

Account Name : Broome County YMCA Foundation IM

Administrator : Amy B Schlee

Account Number: 1825

Accountant : Not Assigned

State of Domicile: New York

4.670 GNMA #603320 5.500% 12/15/17	05/04/2006 P 06/15/2010 Long	4.67	4.67	0.00
114.150 GNMA #603320 5.500% 12/15/17	05/04/2006 P 06/15/2010 Long	114.15	114.15	0.00
0.110 GNMA #603320 5.500% 12/15/17	05/04/2006 P 07/15/2010 Long	0.11	0.11	0.00
2.670 GNMA #603320 5.500% 12/15/17	05/04/2006 P 07/15/2010 Long	2.67	2.67	0.00
0.110 GNMA #603320 5.500% 12/15/17	05/04/2006 P 10/15/2010 Long	0.11	0.11	0.00
120.620 GNMA #603320 5.500% 12/15/17	05/04/2006 P 07/15/2010 Long	120.62	120.62	0.00
118.570 GNMA #603320 5.500% 12/15/17	05/04/2006 P 09/15/2010 Long	118.57	118.57	0.00
2.580 GNMA #603320 5.500% 12/15/17	05/04/2006 P 08/15/2010 Long	2.58	2.58	0.00
4.760 GNMA #603320 5.500% 12/15/17	05/04/2006 P 08/15/2010 Long	4.76	4.76	0.00
116.400 GNMA #603320 5.500% 12/15/17	05/04/2006 P 08/15/2010 Long	116.40	116.40	0.00
0.110 GNMA #603320 5.500% 12/15/17	05/04/2006 P 09/15/2010 Long	0.11	0.11	0.00
2.620 GNMA #603320 5.500% 12/15/17	05/04/2006 P 09/15/2010 Long	2.62	2.62	0.00
119.190 GNMA #603320 5.500% 12/15/17	05/04/2006 P 12/15/2010 Long	119.19	119.19	0.00
4.940 GNMA #603320 5.500% 12/15/17	05/04/2006 P 07/15/2010 Long	4.94	4.94	0.00
0.100 GNMA #603320 5.500% 12/15/17	05/04/2006 P 03/15/2010 Long	0.10	0.10	0.00
113.600 GNMA #603320 5.500% 12/15/17	05/04/2006 P 05/15/2010 Long	113.60	113.60	0.00
4.650 GNMA #603320 5.500% 12/15/17	05/04/2006 P 05/15/2010 Long	4.65	4.65	0.00
2.510 GNMA #603320 5.500% 12/15/17	05/04/2006 P 05/15/2010 Long	2.51	2.51	0.00
0.100 GNMA #603320 5.500% 12/15/17	05/04/2006 P 05/15/2010 Long	0.10	0.10	0.00

**Tax Worksheet**

( 01/01/2010 To 12/31/2010 )

Tax ID : 22-2604920

Account Name : Broome County YMCA Foundation IM

Administrator : Amy B Schlee

Account Number: 1825

Accountant : Not Assigned

State of Domicile: New York

316.160 GNMA #603320 5.500% 12/15/17	05/04/2006 P 04/15/2010 Long	316.16	316.16	0.00
12.940 GNMA #603320 5.500% 12/15/17	05/04/2006 P 04/15/2010 Long	12.94	12.94	0.00
7 GNMA #603320 5.500% 12/15/17	05/04/2006 P 04/15/2010 Long	7.00	7.00	0.00
0.290 GNMA #603320 5.500% 12/15/17	05/04/2006 P 04/15/2010 Long	0.29	0.29	0.00
114.430 GNMA #603320 5.500% 12/15/17	05/04/2006 P 03/15/2010 Long	114.43	114.43	0.00
2.640 GNMA #603320 5.500% 12/15/17	05/04/2006 P 12/15/2010 Long	2.64	2.64	0.00
2.530 GNMA #603320 5.500% 12/15/17	05/04/2006 P 03/15/2010 Long	2.53	2.53	0.00
341.780 GNMA #603320 5.500% 12/15/17	05/04/2006 P 02/15/2010 Long	341.78	341.78	0.00
19.130 GNMA #603320 5.500% 12/15/17	05/04/2006 P 01/15/2010 Long	19.13	19.13	0.00
7.560 GNMA #603320 5.500% 12/15/17	05/04/2006 P 02/15/2010 Long	7.56	7.56	0.00
0.310 GNMA #603320 5.500% 12/15/17	05/04/2006 P 02/15/2010 Long	0.31	0.31	0.00
0.420 GNMA #603320 5.500% 12/15/17	05/04/2006 P 01/15/2010 Long	0.42	0.42	0.00
4.680 GNMA #603320 5.500% 12/15/17	05/04/2006 P 03/15/2010 Long	4.68	4.68	0.00
13.990 GNMA #603320 5.500% 12/15/17	05/04/2006 P 02/15/2010 Long	13.99	13.99	0.00
287.070 GNR 2004-24 VL 08/20/13	03/24/2006 P 05/20/2010 Long	287.07	284.38	2.69
288.260 GNR 2004-24 VL 08/20/13	03/24/2006 P 06/20/2010 Long	288.26	285.56	2.70
294.320 GNR 2004-24 VL 08/20/13	03/24/2006 P 11/20/2010 Long	294.32	291.56	2.76
285.870 GNR 2004-24 VL 08/20/13	03/24/2006 P 04/20/2010 Long	285.87	283.19	2.68
282.330 GNR 2004-24 VL 08/20/13	03/24/2006 P 01/20/2010 Long	282.33	279.68	2.65

### Tax Worksheet

( 01/01/2010 To 12/31/2010 )

Tax ID : 22-2604920

Account Name : Broome County YMCA Foundation IM

Administrator : Amy B Schlee

Account Number: 1825

Accountant : Not Assigned

State of Domicile: New York

284.690 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 03/20/2010 Long	284.69	282.02	2.67
290.670 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 08/20/2010 Long	290.67	287.95	2.72
293.100 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 10/20/2010 Long	293.10	290.35	2.75
295.550 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 12/20/2010 Long	295.55	292.78	2.77
283.510 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 02/20/2010 Long	283.51	280.85	2.66
291.880 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 09/20/2010 Long	291.88	289.14	2.74
289.460 GNR 2004-24 VL 08/20/13	5.000%	03/24/2006 P 07/20/2010 Long	289.46	286.75	2.71
100 Newell Rubbermaid Inc		02/22/2008 P 09/08/2010 Long	1,628.30	2,246.25	-617.95
200 Pfizer Inc		04/19/2006 P 09/08/2010 Long	3,315.38	4,991.99	-1,676.61
25,000 US Tsy 4.500% 11/15/10		04/04/2006 P 11/15/2010 Long	25,000.00	24,710.43	289.57
200 Walgreen Co		05/21/2008 P 09/08/2010 Long	5,767.48	7,111.33	-1,343.85
100 Wells Fargo & Co		04/19/2006 P 09/08/2010 Long	2,527.32	3,246.99	-719.67
			65,140.42		1,834.41
				63,306.01	

! denotes Asset may qualify for Five-Year Gain Rule

How Acquired: F - Free Receipt, B - Beginning Inventory, C - Call, G - Gift, L - Payment Made (Liability),  
P - Purchase, R - Reinvestment, S - Spinoff, U - Undetermined

#### Gain/Loss Summary :

Short Term GL	Long Term GL
Gains From Sales :	0.00
Losses From Sales :	12,772.83
Common Funds :	0.00
	-10,938.42
Short Term Gains :	0.00
Short Term Losses :	0.00
Net Short Term G/L:	0.00
Capital Gain Dist :	1,478.08
	1,834.41
	990.06

**SCHEDULE I**  
(Form 990)

OMB No. 1545-0047

**2010**Department of the Treasury  
Internal Revenue ServiceOpen to Public  
Inspection

Name of the organization

**BROOME COUNTY YMCA FOUNDATION****Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Name of the organization	22-2604920
Employer identification number	

**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. **SEE PART IV**

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered 'Yes' to 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.

Part II can be duplicated if additional space is needed

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
(1) BINGHAMTON-BROOME COUNTY SUSQUEHANNA STREET BINGHAMTON, NY 13901	15-0532282		15,000.	0	N/A	N/A	SUPPORT FOR YMCA PROGRAMS
(2) -----	-----	-----	-----	-----	-----	-----	-----
(3) -----	-----	-----	-----	-----	-----	-----	-----
(4) -----	-----	-----	-----	-----	-----	-----	-----
(5) -----	-----	-----	-----	-----	-----	-----	-----
(6) -----	-----	-----	-----	-----	-----	-----	-----
(7) -----	-----	-----	-----	-----	-----	-----	-----
(8) -----	-----	-----	-----	-----	-----	-----	-----

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

3 Enter total number of other organizations

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

1	0
2	0

TEEA3901L 10/29/10

Schedule I (Form 990) 2010

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part II can be duplicated 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
1					
2					
3					
4					
5					
6					
7					

**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 USE OF GRANTS FUNDS IN U.S.**

ORGANIZATION RECEIVES COPY OF AUDIT FROM AGENCY RECEIVING GRANT.

BAA

**SCHEDULE R**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BROOME COUNTY YMCA FOUNDATION**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

22-2604920

**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.

**Part I Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

	<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
<b>(1)</b>						
<b>(2)</b>						
<b>(3)</b>						
<b>(4)</b>						
<b>(5)</b>						
<b>(6)</b>						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

	<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	<b>(g)</b> Sec 512(b)(13) controlled entity?
<b>(1)</b> BINGHAMTON - BROOME COUNTY YMCA 61 SUSQUEHANNA STREET							
<b>(2)</b> BINGHAMTON, NY 13901 15-053282	SEE ATTACHED	NY	501 (C) (3)	170 (B) (1) (A) (	N/A	X	
<b>(3)</b>							
<b>(4)</b>							
<b>(5)</b>							
<b>(6)</b>							
<b>(7)</b>							

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

TEEA5001L 12/22/10

Schedule R (Form 990) 2010

**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Partner?	(k) Percentage ownership
(1)										
(2)										

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' to Form 990, Part IV, Line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)							
(2)							
(3)							

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of **(1)** interest **(2)** annuities **(3)** royalties **(4)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1)	BINGHAMTON - BROOME COUNTY YMCA	B	15,000	CASH
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(e) Share of end-of-year assets	(f) Dispropor- tionate allocations?	(g) Code V-1[B] amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
							Yes	No
1								
2								
3								
4								
5								
6								
7								
8								

**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

BROOME COUNTY YMCA FOUNDATION

Employer identification number

22-2604920

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO PROVIDE SUPPORT TO THE BROOME COUNTY YMCA. THE BROOME COUNTY YMCA IS A VOLUNTEER LED PUBLIC CHARITY THAT INCLUDES MEN, WOMEN, AND CHILDREN OF ALL AGES, ABILITIES, INCOME, RACES, AND RELIGIONS. THEIR MISSION IS: TO PUT CHRISTIAN PRINCIPLES INTO PRACTICE THROUGH PROGRAMS THAT BUILD HEALTHY SPIRIT, MIND AND BODY FOR ALL.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE BOARD OF TRUSTEES CONDUCTS A REVIEW OF THE 990.

**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

ALL OFFICERS AND DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT OF DISCLOSURE ANNUALLY. THE TRUSTEES REVIEWS THE FORMS PRIOR TO ANY MAJOR VOTE AND THE TRUSTEES ARE INFORMED OF ANY CONFLICTS OF INTEREST.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW BY REQUEST AT THE BROOME COUNTY YMCA CORPORATE OFFICES LOCATED AT: 61 SUSQUEHANNA STREET BINGHAMTON, NY 13901

2010

**SCHEDULE O - SUPPLEMENTAL INFORMATION**

**PAGE 2**

BROOME COUNTY YMCA FOUNDATION

22-2604920

**FORM 990, PART XI, LINE 5**  
**OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

UNREALIZED APPRECIATION OF INVESTMENTS

TOTAL \$ 26,710.  
\$ 26,710.

## Broome County YMCA Foundation Trustees

	Name	Address	City	ST	ZIP
Chairman	Edward Bahnenburg	61 Susquehanna Street	Binghamton	NY	13901
	Carl Emslstrom	61 Susquehanna Street	Binghamton	NY	13901
Vice Chair	Jeff Moyer	61 Susquehanna Street	Binghamton	NY	13901
Secretary	Joann Parry	61 Susquehanna Street	Binghamton	NY	13901
	Fred Stein	61 Susquehanna Street	Binghamton	NY	13901
	Steve Spero	61 Susquehanna Street	Binghamton	NY	13901

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension- check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Type or print	Name of exempt organization <b>BROOME COUNTY YMCA FOUNDATION</b>	Employer identification number <b>22-2604920</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>61 SUSQUEHANNA STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BINGHAMTON, NY 13901-3705</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► RICK PETERSON

Telephone No. ► 607-772-0560 FAX No. ► 607-772-0563

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)       . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above.

The extension is for the organization's return for:

- calendar year 20 10 or
- tax year beginning                   , 20       , and ending                   , 20       .

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <b>0.</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <b>0.</b>
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$ <b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Paperwork Reduction Act Notice, see Instructions.**

Form 8868 (Rev. 1-2011)