

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A For the 2006 calendar year, or tax year beginning** 7/01/06, **and ending** 6/30/07

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

**C Name of organization**  
Valley United Way, Inc.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
3 Corporate Drive 501

City or town, state or country, and ZIP + 4  
Shelton CT 06484

**D Employer identification number**  
06-0847098

**E Telephone number**  
203-926-9478

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

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

**G Website:** www.valleyunitedway.org

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

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

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number**

**M Check**  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 1 **1,142,935**

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	858,384		
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	216,629		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 1,075,013 noncash \$ )	<b>1e</b>			1,075,013
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			16,635
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>				
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
		<b>8a</b>			
		<b>8b</b>			
		<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>				
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			51,287	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			1,142,935	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			909,956
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			137,238
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			175,281
	<b>16</b> Payments to affiliates (attach schedule) See Statement 1	<b>16</b>			9,221
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			1,231,696
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			-88,761
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			700,082
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			611,321

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) Stmt 2 (cash \$ <u>589,655</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	589,655	589,655	
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	<b>25a</b>			
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b>	314,891	140,646	73,506
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b>	59,320	24,125	17,016
<b>29</b> Payroll taxes	<b>29</b>	26,456	12,412	6,471
<b>30</b> Professional fundraising fees	<b>30</b>			7,573
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b>	9,540	6,964	1,023
<b>34</b> Telephone	<b>34</b>	3,979	2,683	615
<b>35</b> Postage and shipping	<b>35</b>	5,699	2,212	1,712
<b>36</b> Occupancy	<b>36</b>	39,562	16,904	11,329
<b>37</b> Equipment rental and maintenance	<b>37</b>	21,198	14,133	2,656
<b>38</b> Printing and publications	<b>38</b>	22,758	17,591	2,303
<b>39</b> Travel	<b>39</b>	2,506	1,676	182
<b>40</b> Conferences, conventions, and meetings	<b>40</b>	22,101	19,926	826
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b>	8,689	4,455	1,747
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b> See Statement 3	<b>43a</b>	96,121	56,574	17,852
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	1,222,475	909,956	137,238

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ See Statement 4	<b>Program Service Expenses</b>
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a See Statement 5</p> <p>(Grants and allocations \$ 589,655 ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p> <p>589,655</p>
<p>b See Statement 6</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>320,301</p>
<p>c</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ▶</p>	<p><b>909,956</b></p>

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>45</b> Cash-non-interest-bearing .....	15,274	<b>45</b>	60,440	
	<b>46</b> Savings and temporary cash investments .....	504,250	<b>46</b>	340,472	
	<b>47a</b> Accounts receivable .....				
	<b>b</b> Less: allowance for doubtful accounts .....		<b>47c</b>		
	<b>48a</b> Pledges receivable .....	607,482			
	<b>b</b> Less: allowance for doubtful accounts .....	154,253	526,410	<b>48c</b>	453,229
	<b>49</b> Grants receivable .....	43,000	<b>49</b>		27,500
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) .....			<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule) .....			<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) .....				
	<b>b</b> Less: allowance for doubtful accounts .....			<b>51c</b>	
	<b>52</b> Inventories for sale or use .....			<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges .....	4,159	<b>53</b>		4,965
	<b>54a</b> Investments—publicly-traded securities .....			<b>54a</b>	
	<b>b</b> Investments—other securities (attach schedule) .....			<b>54b</b>	
	<b>55a</b> Investments—land, buildings, and equipment: basis .....				
	<b>b</b> Less: accumulated depreciation (attach schedule) .....			<b>55c</b>	
	<b>56</b> Investments—other (attach schedule) .....			<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis .....	94,571			
	<b>b</b> Less: accumulated depreciation (attach schedule) <i>See Statement 7</i> .....	82,045	18,690	<b>57c</b>	12,526
<b>58</b> Other assets, including program-related investments (describe ▶ .....			<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 .....	1,111,783	<b>59</b>		899,132	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses .....	31,612	<b>60</b>	27,166	
	<b>61</b> Grants payable .....		<b>61</b>		
	<b>62</b> Deferred revenue <i>See Statement 8</i> .....	194,602	<b>62</b>		148,025
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) .....			<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) .....			<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) .....			<b>64b</b>	
	<b>65</b> Other liabilities (describe ▶ <i>See Statement 9</i> .....	185,487	<b>65</b>		112,620
<b>66 Total liabilities.</b> Add lines 60 through 65 .....	411,701	<b>66</b>		287,811	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted .....	700,082	<b>67</b>	611,321	
	<b>68</b> Temporarily restricted .....		<b>68</b>		
	<b>69</b> Permanently restricted .....		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds .....		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund .....		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>72</b>		
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....	700,082	<b>73</b>		611,321	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....	1,111,783	<b>74</b>		899,132	



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

Table with 3 columns: Question, Yes, No. Rows 75a, 75b, 75c, 75d.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

Part VI Other Information (continued)		Yes	No
<b>82a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
<b>83b</b>			
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
<b>84b</b>			
<b>85</b>	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?		
	N/A		
<b>85a</b>			
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
<b>85b</b>			
<b>c</b>	Dues, assessments, and similar amounts from members		
	<b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures		
	<b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	<b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	<b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
<b>85g</b>			
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
<b>85h</b>			
<b>86</b>	501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		
	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities		
	<b>86b</b>		
<b>87</b>	501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		
	<b>87a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>87b</b>		
<b>88a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
<b>88b</b>			
<b>89a</b>	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0"/> ; section 4912 <input type="text" value="0"/> ; section 4955 <input type="text" value="0"/>		
<b>b</b>	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
<b>89b</b>			
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0"/>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0"/>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>			
<b>f</b>	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>			
<b>g</b>	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>89g</b>			
<b>90a</b>	List the states with which a copy of this return is filed <input type="text" value="CT"/>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	<b>90b</b>	<input type="text" value="7"/>
<b>91a</b>	The books are in care of <input type="text" value="John J. Walsh"/> Telephone no. <input type="text" value="203-926-9478"/> <input type="text" value="3 Corporate Drive"/> Located at <input type="text" value="Shelton, CT"/> ZIP + 4 <input type="text" value="06484"/>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country	<b>91b</b>	
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No X

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income or (loss) from real estate, Net rental income or (loss) from personal property, Other investment income, Gain or (loss) from sales of assets other than inventory, Net income or (loss) from special events, Gross profit or (loss) from sales of inventory, Other revenue, Subtotal, and Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes X No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes X No

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No

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

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.

**Please Sign Here**

Signature of officer: John J. Walsh Date: \_\_\_\_\_  
 Type or print name and title: President/Chief Operating Officer

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: 2/08/08 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Michaud and Accavallo, CPAs, LLC  
230 Wakelee Avenue  
Ansonia, CT 06401 Preparer's SSN or PTIN (See Gen. Instr. X): P00706186  
 EIN: 03-0500350 Phone no.: 203-732-2311

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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2006**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Valley United Way, Inc.

Employer identification number

06-0847098

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Comp.	(d) Contrib. to empl. ben. plans & deferred comp.	(e) Expense account & other allowances
NONE				
Total number of other employees paid over \$50,000 ▶		0		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (No, X); 2. Substantial contributors (No, X); 2a. Sale, exchange, or leasing of property (No, X); 2b. Lending of money or other extension of credit (No, X); 2c. Furnishing of goods, services, or facilities (No, X); 2d. Payment of compensation (Yes, X); 2e. Transfer of any part of its income or assets (No, X); 3a. Grants for scholarships, fellowships, student loans, etc. (No, X); 3b. Section 403(b) annuity plan (No, X); 3c. Conservation easements (No, X); 3d. Credit counseling services (No, X); 4a. Donor advised funds (No, X); 4b. Taxable distributions under section 4966 (No, X); 4c. Distribution to donor, donor advisor, or related person (No, X); 4d. Total number of separate funds or accounts (0); 4e. Aggregate value of assets held in all funds or accounts (0).

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

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ .....
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Intergrated
  - Type III-Other

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

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26a-26f. 26a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. 26b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts. 26c Total support for section 509(a)(1) test: Enter line 24, column (e). 26d Add: Amounts from column (e) for lines: 18 30,841 19 22 177,406 26b. 26e Public support (line 26c minus line 26d total). 26f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

Table for lines 27a-27h. 27a Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) (2004) (2003) (2002) N/A. b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) (2004) (2003) (2002) N/A. 27c Add: Amounts from column (e) for lines: 15 16 17 20 21. 27d Add: Line 27a total and line 27b total. 27e Public support (line 27c total minus line 27d total). 27f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). 27g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). 27h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
e	Educational policies?			
f	Use of facilities?			
g	Athletic programs?			
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?			
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation			

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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

Limits on Lobbying Expenditures

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

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows 45-50 include lobbying nontaxable amount, ceiling amount, total lobbying expenditures, grassroots nontaxable amount, and grassroots lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

Table with 3 columns: Description, Yes, No, Amount. Rows include various lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, and direct contact with legislators.

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



# Federal Statements

## Statement 1 - Form 990, Part I, Line 16 - Payments to Affiliates

<u>Bus Name Address</u>	<u>Purpose</u>	<u>Amount</u>
		\$ 9,221
Total		<u>\$ 9,221</u>

**Federal Statements****Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations**

<u>Name Address</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Relationship to Org</u>	<u>Cash Contrib</u>	<u>Class of Activity</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantr</u>	<u>FMV Explntn</u>
American Red Cross				\$ 80,850		\$			
Area Congregations Together				16,000					
Big Brothers/Big Sisters				9,000					
Boy Scouts				53,000					
Boys and Girls Club				100,000					
Shelton Catholic Family Service				65,000					
CT United Way-Info Line				10,305					
Derby Day Care Center				4,200					
Recreation Camp				27,000					
Girl Scouts				18,000					
International Institute				1,500					
Jewish Family Service				5,800					
Julia Day Nursery				2,000					
LNV Parent Child Resource Center				35,000					
Rape Crisis Center				18,000					
Seymour-Oxford Nursery and Child Ca				4,000					
U.S.O.				500					

**Federal Statements****Statement 2 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

<u>Name Address</u>	<u>Relationship to Org</u>	<u>Class of Activity</u>	<u>Date of Gift</u>	<u>Description of Property</u>	<u>Cash Contrib</u>	<u>NonCash Contrib</u>	<u>Book Value</u>	<u>BV Explantr</u>	<u>FMV Explantr</u>
Umbrella					\$ 29,000	\$	\$		
New Haven Legal Assistance					8,000				
Valley YMCA					52,500				
Visiting Nurse Assoc. of the Valley					20,000				
Safe Homes					5,000				
Morris Foundation/Liberty Center					25,000				
Total					<u>\$ 589,655</u>	<u>\$ 0</u>	<u>\$ 0</u>		

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
Expenses				
Professional Fees	60,429	42,041	16,694	1,694
Campaign Supplies	18,845			18,845
Special Events	7,478	7,478		
Grants and Program Expenses	2,500	2,500		
Miscellaneous	6,239	4,303	969	967
Moving	630	252	189	189
Total	<u>\$ 96,121</u>	<u>\$ 56,574</u>	<u>\$ 17,852</u>	<u>\$ 21,695</u>

**Federal Statements****Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose**

Valley United Way's primary exempt purpose is to develop and provide financial assistance and community leadership to nonprofit human service organizations which meet identified community needs in Ansonia, Derby, Oxford, Seymour and Shelton, Connecticut.

**Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments****Description**

Valley United Way provides direct funding to support successful programs demonstrating real community impact to twenty-four partner agencies in the community through a regular allocations process conducted by community volunteers and approved by its volunteer board of directors. Additionally, it provides other issue related grants for priority needs in the community as identified by the Board of Directors. It also conducts a small grants program tied to donor designated funds for special areas of need. Donor directed donations are also made to a variety of non-profit groups as directed by donors. Additional resources are provided to any nonprofit group in the community through its product donation program. This program provides locally and nationally donated items to needy agencies in the Valley community. It also facilitates the human capital in the area by maintaining a Volunteer Center and on-line volunteer referral service which provides additional volunteer resources to the entire community.

**Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments****Description**

In addition to its direct funding practices, Valley United Way strengthens the community through a variety of special programs and initiatives starting with its Volunteer Center which serves as a hub for volunteerism in the community by providing resources to facilitate volunteer activities. It operates an innovative on-line volunteer matching system (Volunteer Solutions) which allows both volunteers and those needing volunteers to participate in an always-available system in addition to the live services of the Center. United Way also operates a very successful Corporate Volunteer Council which provides a vehicle for community involvement and leadership for the region's business community. Members of the Council work collaboratively to help meet the needs of the community through a variety of special activities including food and clothing drives and hands-on improvement projects. During the past year, the group renovated the headquarters a local service agency. They also clothed more than 180 children for the new school year.

**Federal Statements****Statement 6 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**  
**(continued)**Description

Its monthly clothing drive supports services for victims of domestic violence and the food drives support the area's food bank. The group also collects cell phones for victims of domestic violence and crochets blankets that are donated for use by counselors and police when conducting crisis intervention calls.

United Way also coordinates a similar Council for the Valley's high schools. All five of the local high schools participate in a cooperative venture to increase student volunteer involvement in meeting the needs of the community.

United Way's own Youth Leadership program provides area high school students with a training program and opportunity to develop and use leadership skills. In addition to their training, the students put their skills to work in conducting a needs assessment and administering their own small grants program where they make small grants to area groups working on issues identified as priorities for area teens.

As a community facilitator, Valley United Way also hosts and provides support services for two major Valley institutions. The Valley Council for Health & Human Services is a collaborative group of the region's nonprofit health and human service providers. United Way is also a partner with the Council and the Greater Valley Chamber of Commerce in conducting the Leadership Greater Valley program which recruits, trains and places a diverse group of new volunteer leaders for the community. The Valley Needs and Opportunities Project is also based at United Way and it provided planning and coordination for the region and conducted needs and assets assessments as a basis for planning.

Valley United Way is also deeply committed to early childhood initiatives, and acts as a fiduciary for the City of Ansonia on an early childhood program called Discovery.

United Way also serves as the local coordinator for FEMA funding in the area helping to facilitate the coordination and distribution of FEMA funding in the Valley area.

These activities add significantly to the quality of life in the community but their financial value is not reflected in the Form 990 financial data.

**Federal Statements****Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Furniture & Equipment	\$ 92,407	\$ 73,717	\$ 94,571	\$ 82,045
Total	<u>\$ 92,407</u>	<u>\$ 73,717</u>	<u>\$ 94,571</u>	<u>\$ 82,045</u>

**Statement 8 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred Revenue - Grants	\$ 161,378	\$ 99,443
Deferred Revenue - Other	33,224	48,582
Total	<u>\$ 194,602</u>	<u>\$ 148,025</u>

**Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Designation Payable	\$ 89,088	\$ 112,620
Capital lease long term portion		
Allocations Payable	96,399	
Total	<u>\$ 185,487</u>	<u>\$ 112,620</u>

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Joseph Andreana PO Box 209 Shelton CT 06484	Director	1	0	0	0
Alfred Felice, Jr. 801 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
Paul Blanco 6 Corporate Drive Shelton CT 06484	Director	1	0	0	0
Dorcas Blue 157 Church Street New Haven CT 06511	Director	1	0	0	0
Yuk Ping Ng 1 Elmcroft Road Stamford CT 06907	Director	1	0	0	0
David M. Grant 458 River Road Shelton CT 06484	Director	1	0	0	0
Robert Casagrande 2 Corporate Drive Shelton CT 06484	Director	1	0	0	0
William Partington 504 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
John De Gray 49 Day Street Seymour CT 06483	Director	1	0	0	0

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
John J. Walsh 3 Corporate Drive Shelton CT 06484	Pres & CEO	40	83,802	0	0
Joseph Pagliaro, Jr. 390 River Road Shelton CT 06484	Director	1	0	0	0
Melissa Pucci 409 Prospect Street New Haven CT 06510	Secretary	1	0	0	0
Larry Thomas 36 Main Street Ansonia CT 06401	Director	1	0	0	0
Michael S. Marcinek 3 Corporate Drive Shelton CT 06484	Vice-Chair	1	0	0	0
Lynn Miller 23 Factory Street Derby CT 06418	Director	1	0	0	0
Robert VanEgghen 710 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
Peter Galla 87 Church Street Naugatuck CT 06770	Director	1	0	0	0
Richard Rosen 230 Long Hill Cross Road Shelton CT 06484	Director	1	0	0	0

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Cheryl Nickerson 888 White Plains Road Shelton CT 06484	Director	1	0	0	0
Russell Stockman 375 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0
Ruth Parkins 1 Corporate Drive Shelton CT 06484	Chair	1	0	0	0
Phil White 255 Canal Street Shelton CT 06484	Director	1	0	0	0
William C. Nimons 860 Bridgeport Avenue Shelton CT 06484	Treasurer	1	0	0	0
William Lesko 4 Corporate Drive Shelton CT 06484	Director	1	0	0	0
William M. Miller, Jr. 2 Deanna Drive Oxford CT 06478	Director	1	0	0	0
Ronald Villani 3 Corporate Drive Shelton CT 06484	Director	1	0	0	0
William Purcell 900 Bridgeport Avenue Shelton CT 06484	Director	1	0	0	0

**Federal Statements****Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Janice Sheehy 497 Howe Avenue Shelton CT 06484	Director	1	0	0	0
Dominick Thomas 315 Main Street Shelton CT 06484	Director	1	0	0	0
Cynthia Troxler One Far Mill Crossing Shelton CT 06484	Director	1	0	0	0

**Federal Statements****Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
	\$ <u>41,922</u>	\$ <u>30,085</u>	\$ <u>56,774</u>	\$ <u>48,625</u>
Total	\$ <u><u>41,922</u></u>	\$ <u><u>30,085</u></u>	\$ <u><u>56,774</u></u>	\$ <u><u>48,625</u></u>

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

## 2006

Attachment Sequence No. **67**

Form **4562**  
Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return Valley United Way, Inc. Identifying number 06-0847098

Business or activity to which this form relates  
Indirect Depreciation

### Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

### Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	7,896

### Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A			
17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	794
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

### Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

### Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

### Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	8,690
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions. Form **4562** (2006)