

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning Jul 1, 2007, and ending Jun 30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization United Way of the Eastern Panhandle, Inc.	D Employer Identification Number 55-6024725
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 222 West King Street	E Telephone number (304) 263-0603
		City, town or country State ZIP code + 4 Martinsburg WV 25401	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).

H and I are not applicable to section 527 organizations.

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

H (b) If 'Yes,' enter number of affiliates ▶

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 Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ N/A

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,839,340.**

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:			
	a Contributions to donor advised funds	1a		
	b Direct public support (not included on line 1a)	1b	1,770,582.	
	c Indirect public support (not included on line 1a)	1c		
	d Government contributions (grants) (not included on line 1a)	1d		
	e Total (add lines 1a through 1d) (cash \$ 1,770,582. noncash \$ 0.)	1e		1,770,582.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		19,758.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		16,796.
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			
7 Other investment income (describe)	7			
	8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b Less: cost or other basis and sales expenses	8a		
	c Gain or (loss) (attach schedule)	8b		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	31,225.	
	b Less: direct expenses other than fundraising expenses	9b	7,579.	
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	See L-9 Stmt	23,646.
	10a Gross sales of inventory, less returns and allowances	10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11 Other revenue (from Part VII, line 103)	11		979.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		1,831,761.	
EXPENSES	13 Program services (from line 44, column (B))	13		1,335,419.
	14 Management and general (from line 44, column (C))	14		104,995.
	15 Fundraising (from line 44, column (D))	15		80,949.
	16 Payments to affiliates (attach schedule)	16		10,780.
	17 Total expenses. Add lines 16 and 44, column (A)	17		1,532,143.
RESULTS	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		299,618.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,163,346.
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		1,462,964.

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 *instruct.*)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <u>1,195,052.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,195,052.	1,195,052.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A <i>See L-25a Stmt</i>	25a	55,857.	24,767.	15,545.	15,545.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	128,614.	57,028.	35,793.	35,793.
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28	13,439.	3,306.	5,066.	5,067.
29 Payroll taxes	29	14,024.	5,820.	4,102.	4,102.
30 Professional fundraising fees	30				
31 Accounting fees	31	5,950.	0.	5,950.	0.
32 Legal fees	32				
33 Supplies	33	11,065.	991.	1,563.	8,511.
34 Telephone	34	3,664.	916.	1,374.	1,374.
35 Postage and shipping	35	3,804.	165.	1,820.	1,819.
36 Occupancy	36	15,214.	3,387.	11,827.	0.
37 Equipment rental and maintenance	37	1,751.	0.	1,751.	0.
38 Printing and publications	38	9,589.	642.	4,135.	4,812.
39 Travel	39	3,203.	1,853.	675.	675.
40 Conferences, conventions, and meetings	40	10,470.	450.	6,769.	3,251.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	1,277.	0.	1,277.	0.
43 Other expenses not covered above (itemize):					
a <u>Community support</u>	43a	1,422.	0.	1,422.	0.
b <u>Community projects</u>	43b	1,949.	1,949.	0.	0.
c <u>Dues and subscriptions</u>	43c	163.	0.	163.	0.
d <u>Insurance</u>	43d	3,772.	0.	3,772.	0.
e <u>Miscellaneous</u>	43e	2,302.	311.	1,991.	0.
f <u>Other program costs</u>	43f	38,782.	38,782.	0.	0.
g _____	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	1,521,363.	1,335,419.	104,995.	80,949.

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? Delivery of human service programs All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>Provided the means by which a cross section of citizens, funded partners and other partners joined in a collaborative effort to identify community needs, develop collaborative community solutions, invest in those solutions and measure results</u> ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	119,686.
b <u>Funded forty-five health and human service agencies that provided programs and services that nurtured children, sustained families and provided for the independence of seniors</u> ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,150,052.
c <u>Maintained the Eastern Panhandle Information and Referral Center (I&R) to operate in conjunction with WV 211 to provide services for residents of Jefferson, Berkeley and Morgan Counties, WV</u> ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	45,000.
d <u>Implemented the Warming Hands and Hearts Energy Assistance Program for Eastern Panhandle residents in need which kept the heat on for 106 families which included 107 children during the 2007-2008 winter heating season</u> ----- (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	10,681.
e Other program services (Grants and allocations \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	10,000.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,335,419.

BAA

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	770,094.	45	651,564.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48a Pledges receivable	884,779.		
	b Less: allowance for doubtful accounts	53,147.	465,356.	48c
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	11,943.	53	3,222.
	54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments — other (attach schedule)			56
	57a Land, buildings, and equipment: basis	44,023.		
	b Less: accumulated depreciation (attach schedule) <u>L-57 Stmt</u>	42,466.	3,042.	57c
58 Other assets, including program-related investments (describe <input type="checkbox"/> <u>See Line 58 Stmt</u>)		103,545.	58	
59 Total assets (must equal line 74). Add lines 45 through 58		1,353,980.	59	
60 Accounts payable and accrued expenses	17,321.	60	19,610.	
61 Grants payable		61		
62 Deferred revenue		62		
63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe <input type="checkbox"/> <u>See Line 65 Stmt</u>)		173,313.	65	
66 Total liabilities. Add lines 60 through 65		190,634.	66	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted	77,650.	67	109,097.	
68 Temporarily restricted	1,085,696.	68	1,353,867.	
69 Permanently restricted		69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70 Capital stock, trust principal, or current funds		70		
71 Paid-in or capital surplus, or land, building, and equipment fund		71		
72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,163,346.	73	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		1,353,980.	74	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	1,788,057.
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify): <u>CFC management fees, in-kind donations</u>	b4	39,392.
	Add lines b1 through b4	b	39,392.
c	Subtract line b from line a	c	1,748,665.
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>Designated contributions</u>	d2	83,096.
	Add lines d1 and d2	d	83,096.
e	Total revenue (Part I, line 12). Add lines c and d	e	1,831,761.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,488,439.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify): <u>Allocation related to management fee</u> <u>CFC allocation for man. fee, in-kind expenses</u>	b4	39,392.
	Add lines b1 through b4	b	39,392.
c	Subtract line b from line a	c	1,449,047.
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify): <u>Designated allocations</u>	d2	83,096.
	Add lines d1 and d2	d	83,096.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,532,143.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Tracey Eberling P.O. Box 2629 Martinsburg WV25402	President 2.00	0.	0.	0.
Ken Tyler P.O. Box 3210 Shepherdstown WV25443	President-Elect 2.00	0.	0.	0.
Ken Barton P.O. Box 2629 Martinsburg WV25402	Vice-President 2.00	0.	0.	0.
Rob Abruzzino 5099 Corporate Drive Frederick MD21703	Treasurer 2.00	0.	0.	0.
Alice Barkus 1328 River Road Shepherdstown WV25443	Secretary 2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 19,463.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI ▶ 88b X		
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? ...		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed ▶ See States Filed In		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 5		
91a	The books are in care of ▶ Mr. Jan Callen, Executive Director Telephone number ▶ (304) 263-0603 Located at ▶ 222 West King Street, Martinsburg, W.V. WV ZIP + 4 ▶ 25401		
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 ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c 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.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Training seminars					4,152.
b Collaborative workshops					1,193.
c Sponsorships					13,815.
d Special projects					598.
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	16,796.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	23,646.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Miscellaneous					979.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				40,442.	20,737.
105 Total (add line 104, columns (B), (D), and (E))					61,179.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93 a-d	Revenues are used to offset costs of Organization's programs.
103 a	Miscellaneous income provides additional funding for program services.

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

(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 No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

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

N/A

Yes	No
-----	----

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 Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

Yes	No
-----	----

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 Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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: Jan Callen, Executive Director Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: John C. Kunkle Date: 12/18/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: J. C. Kunkle & Associates, A.C.
164 Lina Lane
Martinsburg WV 25405-5227

Preparer's SSN or PTIN (See General Instruction X): _____ EIN: _____ Phone no.: (304) 263-9299

BAA

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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**

Supplementary Information — (See separate instructions.)

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

OMB No. 1545-0047

2007

Name of the organization United Way of the Eastern Panhandle, Inc.	Employer identification number 55-6024725
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	None			

Part II – A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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	None	

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 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	None	

Part III Statements About Activities (See instructions.)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

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

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

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . .	1,381,298.	871,973.	865,605.	757,552.	3,876,428.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	67,148.	41,078.			108,226.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 . . .	21,118.	8,725.	7,231.	2,493.	39,567.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets				1,426.	1,426.
23 Total of lines 15 through 22	1,469,564.	921,776.	872,836.	761,471.	4,025,647.
24 Line 23 minus line 17	1,402,416.	880,698.	872,836.	761,471.	3,917,421.
25 Enter 1% of line 23	14,696.	9,218.	8,728.	7,615.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 78,348.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 3,917,421.
d Add: Amounts from column (e) for lines: 18 <u>39,567.</u> 19 _____ 22 <u>1,426.</u> 26b _____ ▶					26d 40,993.
e Public support (line 26c minus line 26d total) ▶					26e 3,876,428.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 98.95 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . ▶					27c
d Add: Line 27a total _____ and line 27b total _____ . . . ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See 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 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.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table –			
If the amount on line 40 is –	The lobbying nontaxable amount is –		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4 -Year Averaging Period Under Section 501(h)

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

	Lobbying Expenditures During 4 -Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h .)			

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

United Way of the Eastern Panhandle, Inc.

Employer identification number

55-6024725

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule – see instructions.)

General Rule –

- For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization United Way of the Eastern Panhandle, Inc.	Employer identification number 55-6024725
--	---

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Mikki Van Wyk 12224 Drews Court Potomac MD 20854	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CFC of the Eastern Panhandle 222 W. King Street Martinsburg WV 25401	\$ 65,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Chamber of Commerce 198 Viking Way Martinsburg WV 25401	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Eastern W.V. Community Foundation 229 E. Martin Street Martinsburg WV 25401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	ITW Sexton 162 Royal Crest Drive Martinsburg WV 25401	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Catherine S. Martin 107 N. Rosemont Avenue Martinsburg WV 25401	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

United Way of the Eastern Panhandle, Inc.

55-6024725

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Susquehanna Bank 301 W. Burke Street Martinsburg WV 25401	\$ 5,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	BB&T 148 S. Queen Street Martinsburg WV 25402	\$ 6,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	Brown Funeral Home P.O. Box 821 Martinsburg WV 25402	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	City National Bank P.O. Box 2569 Martinsburg WV 25402	\$ 14,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	Quad Graphics 855 Caperton Blvd. Martinsburg WV 25403	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	Dean and Betty Russell 1235 Showers Lane Martinsburg WV 25403	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

United Way of the Eastern Panhandle, Inc.

55-6024725

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	Minghini's General Contractors 51 Trumpet Lane Martinsburg WV 25404	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	William and Bonnie Stubblefield 291 Carlyle Road Martinsburg WV 25404	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	Tom and Virginia Seely Foundation 2218 Valley Road Berkeley Springs WV 25411	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	US Silica P.O. Box 187 Berkeley Springs WV 25411	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	Bank of Charles Town P.O. Box 906 Charles Town WV 25414	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	Bennett Agency 118 N. Charles Street Charles Town WV 25414	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization United Way of the Eastern Panhandle, Inc.	Employer identification number 55-6024725
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Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	Neal and Alice Barkus 1328 River Road Shepherdstown WV 25443	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	Mr. and Mrs. Henry K. Willard, II P.O. Box 3269 Shepherdstown WV 25443	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	Branstetter, Stranch and Jennings, PLLC 227 Second Avenue North Nashville TN 37201	\$ 18,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Depreciation and Amortization
(Including Information on Listed Property)**

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

Name(s) shown on return

United Way of the Eastern Panhandle, Inc.

Identifying number

55-6024725

Business or activity to which this form relates

Form 990 / Form 990EZ

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	\$125,000.
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	\$500,000.
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 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	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 2008. 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) and cellulosic biomass ethanol plant 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	1,200.

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 2007	17	77.
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 2007 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			39 yrs	MM	S/L	

Section C – Assets Placed in Service During 2007 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	Total. 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 instructions	22	1,277.
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	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) <input type="checkbox"/>								25			
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 <input type="checkbox"/>									28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 <input type="checkbox"/>									29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles) <input type="checkbox"/>												
31 Total commuting miles driven during the year <input type="checkbox"/>												
32 Total other personal (noncommuting) miles driven <input type="checkbox"/>												
33 Total miles driven during the year. Add lines 30 through 32 <input type="checkbox"/>												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours? <input type="checkbox"/>												
35 Was the vehicle used primarily by a more than 5% owner or related person? <input type="checkbox"/>												
36 Is another vehicle available for personal use? <input type="checkbox"/>												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? <input type="checkbox"/>		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners <input type="checkbox"/>		
39 Do you treat all use of vehicles by employees as personal use? <input type="checkbox"/>		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? <input type="checkbox"/>		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <input type="checkbox"/>		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year <input type="checkbox"/>					43
44 Total. Add amounts in column (f). See the instructions for where to report <input type="checkbox"/>					44

Name as Shown on Return
United Way of the Eastern Panhandle, Inc.

Employer Identification No.
55-6024725

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Tracey Eberling	<input type="checkbox"/>	0.			
Ken Tyler	<input type="checkbox"/>	0.			
Ken Barton	<input type="checkbox"/>	0.			
Rob Abruzzino	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		55,857.	24,767.	15,545.	15,545.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Tracey Eberling	<input type="checkbox"/>	0.			
Ken Tyler	<input type="checkbox"/>	0.			
Ken Barton	<input type="checkbox"/>	0.			
Rob Abruzzino	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		0.			

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Tracey Eberling	<input type="checkbox"/>	0.			
Ken Tyler	<input type="checkbox"/>	0.			
Ken Barton	<input type="checkbox"/>	0.			
Rob Abruzzino	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		0.			
Total to Part II, Line 25a ... ▶		55,857.	24,767.	15,545.	15,545.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person ... <input type="checkbox"/> Teresa McCabe 2000 Foundation Way Martinsburg WV 25401	Past President 2.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Jerry Arndt P.O. Box 1106 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Rod Frye 148 S. Queen Street Martinsburg WV 25401	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Chip Hensell P.O. Box 467 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input type="checkbox"/> John Skinner P.O. Box 487 Charles Town WV 25414	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Charles Trump 306 S. Washington Street Berkeley Springs WV 25411	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Bridget Cohee P.O. Box 2629 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Mary Hayward P.O. Box 1627 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Foster Sirbaugh P.O. Box 1917 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Kevin Starliper P.O. Box 350 Hedgesville WV 25427	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Ed Wilson 143 Humphrey Lane Falling Waters WV 25419	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person ... <input checked="" type="checkbox"/> Paul Espinosa 1108 N. Mildred Street Ranson WV 25438	Member 1.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Kevin Justice 1321 Edwin Miller Blvd. Martinsburg WV 25404	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Allison Marquina P.O. Box 1286 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Gina Miller 113 Tavern Road Martinsburg WV 25401	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> John Reisenweber 450 Foxcroft Avenue Martinsburg WV 25401	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Sandy Sponaugle P.O. Box 34 Shepherdstown WV 25443	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Amy Brown P.O. Box 2629 Martinsburg WV 25402	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Charla Cody 79 Greatwood Court Inwood WV 25428	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Veronica Hall 51 Alpine Place Shepherdstown WV 25443	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Tom Jones 300 West Washington Street Charles Town WV 25414	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Laurin LeTart 145 Singletree Drive Shepherdstown WV 25443	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Jan Callen 22 West King Street Martinsburg WV 25401	Executive Director 40.00	55,857.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Tony Price P.O. Box 1207 Martinsburg WV 25402	Member 1.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Bob Baronner P.O. Box 906 Charles Town WV 25414	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> David Gross 891 Auto Parts Place Martinsburg WV 25403	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Pamela Holstein-Wallace 47 Heath Drive Charles Town WV 25414	Member 1.00	0.	0.	0.
Business ... <input type="checkbox"/> Person <input checked="" type="checkbox"/> Nancey White 247 Harrison Avenue Berkeley Springs WV 25411	Member 1.00	0.	0.	0.

Form 990, Part VI, Page 7, Line 90a

States Filed In

West Virginia

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Balloon Festival	31,225.	0.	31,225.	7,579.	23,646.
Total	31,225.	0.	31,225.	7,579.	23,646.

Form 990, Part II, Line 25a

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Alice Barkus	<input type="checkbox"/>	0.			
Teresa McCabe	<input type="checkbox"/>	0.			
Jerry Arndt	<input type="checkbox"/>	0.			

Form 990, Part II, Line 25a

Continued

Compensation

Compensation					
Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Rod Frye		0.			
Chip Hensell		0.			
John Skinner		0.			
Charles Trump		0.			
Bridget Cohee		0.			
Mary Hayward		0.			
Foster Sirbaugh		0.			
Kevin Starliper		0.			
Ed Wilson		0.			
Paul Espinosa		0.			
Kevin Justice		0.			
Allison Marquina		0.			
Gina Miller		0.			
John Reisenweber		0.			
Sandy Sponaule		0.			
Amy Brown		0.			
Charla Cody		0.			
Veronica Hall		0.			
Tom Jones		0.			
Laurin LeTart		0.			
Jan Callen		55,857.	24,767.	15,545.	15,545.
Tony Price		0.			
Bob Baronner		0.			
David Gross		0.			
Pamela Holstein-Wallace		0.			
Nancey White		0.			
Total		<u>55,857.</u>	<u>24,767.</u>	<u>15,545.</u>	<u>15,545.</u>

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Alice Barkus		0.			
Teresa McCabe		0.			
Jerry Arndt		0.			
Rod Frye		0.			
Chip Hensell		0.			
John Skinner		0.			
Charles Trump		0.			
Bridget Cohee		0.			
Mary Hayward		0.			
Foster Sirbaugh		0.			

Form 990, Part II, Line 25a

Continued

Employee Benefit Plans & Deferred Compensation Plans

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Kevin Starliper		0.			
Ed Wilson		0.			
Paul Espinosa		0.			
Kevin Justice		0.			
Allison Marquina		0.			
Gina Miller		0.			
John Reisenweber		0.			
Sandy Sponaugle		0.			
Amy Brown		0.			
Charla Cody		0.			
Veronica Hall		0.			
Tom Jones		0.			
Laurin LeTart		0.			
Jan Callen		0.			
Tony Price		0.			
Bob Baronner		0.			
David Gross		0.			
Pamela Holstein-Wallace		0.			
Nancey White		0.			
Total		<u>0.</u>			

Form 990, Part II, Line 25a

Expense Account and Other Allowances

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Alice Barkus		0.			
Teresa McCabe		0.			
Jerry Arndt		0.			
Rod Frye		0.			
Chip Hensell		0.			
John Skinner		0.			
Charles Trump		0.			
Bridget Cohee		0.			
Mary Hayward		0.			
Foster Sirbaugh		0.			
Kevin Starliper		0.			
Ed Wilson		0.			
Paul Espinosa		0.			
Kevin Justice		0.			
Allison Marquina		0.			
Gina Miller		0.			
John Reisenweber		0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Sandy Sponaugle		0.			
Amy Brown		0.			
Charla Cody		0.			
Veronica Hall		0.			
Tom Jones		0.			
Laurin LeTart		0.			
Jan Callen		0.			
Tony Price		0.			
Bob Baronner		0.			
David Gross		0.			
Pamela Holstein-Wallace		0.			
Nancey White		0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Office equipment	44,023.	42,466.	1,557.
Total	<u>44,023.</u>	<u>42,466.</u>	<u>1,557.</u>

Form 990, Page 4, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Combined Federal Campaign cash	52,902.	46,440.
Combined Federal Campaign pledges receivable	50,643.	87,946.
Investment in community foundation	0.	2,000.
Total	<u>103,545.</u>	<u>136,386.</u>

Form 990, Page 4, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Agency liabilities	173,313.	141,787.

Form 990, Page 4, Part IV, Line 65

Continued

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Total	<u>173,313.</u>	<u>141,787.</u>

Supporting Statement of:

Form 990 p 1/Line 1b

Description	Amount
Campaign contributions	1,687,486.
Combined Federal Campaign Contributions	83,096.
Total	<u>1,770,582.</u>

Supporting Statement of:

Form 990 p 1/Line 16

Description	Amount
Payments to the United Way of America	10,780.
Total	<u>10,780.</u>

Supporting Statement of:

Form 990 p 2/Line 22b column (B)

Description	Amount
Agency allocations	1,096,696.
Non-agency allocations	35,189.
Combined federal campaign allocations	63,167.
Total	<u>1,195,052.</u>

Supporting Statement of:

Form 990 p 3/Other Program Service Exp

Description	Amount
Implemented the "Christmas Cash for Kids Program" which provided toys and Clothing for 198 Eastern Panhandle children	10,000.
Total	<u>10,000.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line b(4)

Description	Amount
Affiliate management fees	19,929.
In-kind contributions	19,463.
Total	<u>39,392.</u>

Supporting Statement of:

Form 990 p 5/Part IV-A, Line d(2)

Description	Amount
Designated contributions	83,096.
Total	<u>83,096.</u>

Supporting Statement of:

Form 990 p 5/Part IV-B, Line b(4)

Description	Amount
Combined Federal Campaign allocation	19,929.
In-kind expenses	19,463.
Total	<u>39,392.</u>