

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)

OMB No 1545-0047

2006

Open to Public Inspection

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

- B** Check if applicable:
- 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
Greater Susquehanna Valley United W

Number and street (or P O box if mail is not delivered to street address) Room/suite
335 Market Street 2A

City or town, state or country, and ZIP + 4
Sunbury PA 17801

D Employer identification number
23-1697631

E Telephone number
570-988-0993

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).

- H** and 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

G Website: **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.

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 12 **814,926**

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	690,940		
	c Indirect public support (not included on line 1a)	1c	29,757		
	d Government contributions (grants) (not included on line 1a)	1d	45,500		
	e Total (add lines 1a through 1d) (cash \$ 754,197 noncash \$ 12,000)	1e			766,197
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			24,000
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			5,812
	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	8a	(B) Other		
		8b			
		8c			
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c				
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			18,917	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			814,926	
Expenses	13 Program services (from line 44, column (B))	13		738,344	
	14 Management and general (from line 44, column (C))	14		66,662	
	15 Fundraising (from line 44, column (D))	15		54,303	
	16 Payments to affiliates (attach schedule)	16	See Statement 1	13,286	
	17 Total expenses. Add lines 16 and 44, column (A)	17		872,595	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		-57,669	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,151,361	
	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		1,093,692	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) Stmt 2 (cash \$ 529,269 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	529,269	529,269		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)				
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)				
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) (attach schedule)				
26 Salaries and wages of employees not included on lines 25a, b, and c	136,314	81,089	33,278	21,947
27 Pension plan contributions not included on lines 25a, b, and c	2,196	1,306	536	354
28 Employee benefits not included on lines 25a - 27	6,368	3,788	1,555	1,025
29 Payroll taxes	11,872	7,063	2,898	1,911
30 Professional fundraising fees				
31 Accounting fees	4,800		4,800	
32 Legal fees				
33 Supplies	11,148	2,230	5,574	3,344
34 Telephone	2,397	1,677	480	240
35 Postage and shipping	5,690	2,276	569	2,845
36 Occupancy	26,388	19,527	4,222	2,639
37 Equipment rental and maintenance	2,777	2,055	444	278
38 Printing and publications	21,884	17,507	1,094	3,283
39 Travel	8,212	3,285	2,463	2,464
40 Conferences, conventions, and meetings	2,459	1,844	615	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	35,553	24,390	5,347	5,816
43 Other expenses not covered above (itemize): a See Statement 3	51,982	41,038	2,787	8,157
b				
c				
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	859,309	738,344	66,662	54,303

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**

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) orgs., and 4947(a)(1) trusts, but optional for others.)

a See Statement 5

(Grants and allocations \$ **529,269**)

If this amount includes foreign grants, check here ▶

738,344

b

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

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

738,344

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash-non-interest-bearing		45
	46 Savings and temporary cash investments	350,981	46 334,309
	47a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a 232,725	
	b Less allowance for doubtful accounts	48b 35,000	48c 197,725
	49 Grants receivable	9,000	49 17,000
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b
	51a Other notes and loans receivable (attach schedule)	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	3,747	53 5,881
	54a Investments—publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments—other securities (attach schedule)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55a Investments—land, buildings, and equipment, basis	55a	
	b Less accumulated depreciation (attach schedule)	55b	55c
	56 Investments—other (attach schedule)		56
	57a Land, buildings, and equipment basis	57a 1,077,486	
b Less accumulated depreciation (attach schedule) See Statement 6	57b 235,124	57c 876,313	
58 Other assets, including program-related investments (describe ▶ See Statement 7)	2,250	58 2,250	
59 Total assets (must equal line 74) Add lines 45 through 58	1,456,643	59 1,399,527	
Liabilities	60 Accounts payable and accrued expenses	31,694	60 36,867
	61 Grants payable	271,338	61 265,418
	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 ▶ See Statement 8)	2,250	65 3,550
	66 Total liabilities. Add lines 60 through 65	305,282	66 305,835
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,104,770	67 1,068,762
	68 Temporarily restricted	46,591	68 24,930
	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)	1,151,361	73 1,093,692
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,456,643	74 1,399,527	

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	814,926
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):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	814,926
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):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	814,926

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

a	Total expenses and losses per audited financial statements	a	872,595
b	Amounts included on line a but not 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):	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	872,595
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):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	872,595

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 & deferred compensation plans	(E) Expense account and other allowances
See Attached List	Board Member	0	0	0

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		
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 quid pro quo contributions?		
	83b		
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?		
	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		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 ▶ 0		
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
	89g		
90a	List the states with which a copy of this return is filed ▶ PA		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		5
91a	The books are in care of ▶ Keri Albright 335 Market street 2A Located at ▶ Sunbury, PA	Telephone no. ▶ 570-988-0993	
		ZIP + 4 ▶ 17801	
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)? 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		
	91b	Yes	No
			X

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

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 Program Service Revenue					24,000
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,812	
96 Dividends and 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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b Misc & expense reimbursements			1	18,917	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))			0	24,729	24,000
105 Total (add line 104, columns (B), (D), and (E))					▶ 48,729

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)
93a	Special Revenue related to exempt function

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

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

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

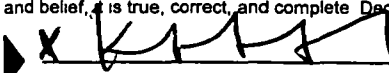
				Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity					X
(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

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

Yes No

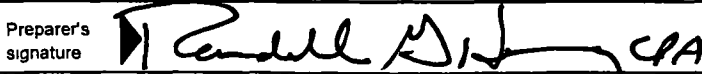
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer:  Date: 11/19/07

Type or print name and title: Heri L.F. Albright, President/CEO

Paid Preparer's Use Only

Preparer's signature:  Date: 11/15/07

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Instr. X): P00172561

Firm's name (or yours if self-employed), address, and ZIP + 4: Herring & Roll, PC
41 South 5th Street
Sunbury, PA 17801

EIN: 23-2297880

Phone no: 570-286-5895

**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

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

Greater Susquehanna Valley United W

Employer identification number
23-1697631

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) Contnb to empl ben plans & deferred comp	(e) Expense account & other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2006

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?	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 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 Integrated
 - 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	
Total					

- 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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	877,144	730,573	654,958	616,179	2,878,854
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	25,382	28,800	28,800	28,800	111,782
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,024	3,340	4,282	6,613	21,259
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stat 9	17,832	18,262	2,426	2,346	40,866
23 Total of lines 15 through 22	927,382	780,975	690,466	653,938	3,052,761
24 Line 23 minus line 17	902,000	752,175	661,666	625,138	2,940,979
25 Enter 1% of line 23	9,274	7,810	6,905	6,539	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	58,820
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 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		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	2,940,979
d Add Amounts from column (e) for lines	18 <u>21,259</u> 19 _____ 22 <u>40,866</u> 26b _____	26d	62,125
e Public support (line 26c minus line 26d total)		26e	2,878,854
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	97.8876%

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

(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
--------	--------	--------	--------	------------

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 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?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d		
33 Does the organization discriminate by race in any way with respect to:			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

23-1697631

Federal Statements

Schedule A, Part IV-A, Line 28 - Unusual Grants

<u>Name</u>	<u>Date</u>	<u>Amount</u>	<u>Description</u>
Degenstein Foundation	11/14/00	137,500	Donation of Building
Degenstein Foundation	5/06/02	525,089	Community service ctr grant
Degenstein Foundation	6/30/01	161,295	Community service ctr grant
Degenstein Foundation	6/26/01	253,322	Community service ctr grant
Total		<u>1,077,206</u>	

Federal Statements

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

Bus Name
Address

United Way of America

Purpose

Member assessment

Amount

\$ 13,286

Total

\$ 13,286

Federal Statements

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

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
See attached				\$ 499,375	\$			
Additional allocations:								
American Cancer Society				3,610				
Payments to other United Ways				16,382				
Other Agencies, ea under \$500				5,671				
Bikers Against Child Abuse				2,840				
American Red Cross Bloomsburg Chapt				1,391				
Total				<u>\$ 529,269</u>	<u>\$ 0</u>			<u>0</u>

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Advertising	2,692	2,692		
Insurance	9,349	5,562	2,282	1,505
Annual dinner	5,481	2,740		2,741
Seca campaign expenses	798			798
Special events / prizes	6,226	3,113		3,113
Fees / charges	505		505	
Provision for uncoll pledges	1,000	1,000		
Community service:				
Housing/Mortgage	2,296	2,296		
Medical	1,431	1,431		
Rent / housing	9,584	9,584		
Utilities	5,921	5,921		
Other	3,854	3,854		
Miscellaneous	1,845	1,845		
Awards/Grants	1,000	1,000		
Total	<u>\$ 51,982</u>	<u>\$ 41,038</u>	<u>\$ 2,787</u>	<u>\$ 8,157</u>

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

The purpose of the organization is doing what matters for our community; to serve as a catalyst, leader and/or partner for community efforts to develop solutions, reduce need, and have a positive measurable impact on identified areas of concern; to improve the quality of life for residents of the community by providing support for programs, projects, organizations and/or agencies that positively impact health, welfare, and character-building needs. The organization accomplishes this by creating, administering and allocating resources gathered cooperatively through voluntary contributions of time, talent and money.

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

The purpose of the organization is doing what matters for our community; to serve as a catalyst, leader and/or partner for community efforts to develop solutions, reduce need, a have a positive measurable impact on identified areas of concern; to improve the quality of life for residents of t community by providing support for programs, projects, organizations and/or agencies that positively impact healt welfare, and character-building needs. The organization accomplishes this by creating, administering and allocatin resources gathered cooperatively through voluntary contributions of time, talent and money.
See attached listing.

Federal Statements**Statement 6 - 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>
Building	\$ 137,500	\$ 17,188	\$ 137,500	\$ 20,625
Building renovations	806,184	92,706	806,184	112,861
Equipment	132,200	89,677	133,802	101,638
Total	<u>\$ 1,075,884</u>	<u>\$ 199,571</u>	<u>\$ 1,077,486</u>	<u>\$ 235,124</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Escrowed rental security deposits	\$ 2,250	\$ 2,250
Total	<u>\$ 2,250</u>	<u>\$ 2,250</u>

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Security deposits	\$ 2,250	\$ 2,250
Rent/Internet paid in advance		1,300
Total	<u>\$ 2,250</u>	<u>\$ 3,550</u>

Federal Statements**Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
Reimbursements	\$ <u>17,832</u>	\$ <u>18,262</u>	\$ <u>2,426</u>	\$ <u>2,346</u>
Total	\$ <u><u>17,832</u></u>	\$ <u><u>18,262</u></u>	\$ <u><u>2,426</u></u>	\$ <u><u>2,346</u></u>

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return

Greater Susquehanna Valley United W

Identifying number

23-1697631

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	35,109

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	364
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		1,602	5.0	MQ	200DB	80
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	
			27.5 yrs	MM	S/L	
i Nonresidential real property			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	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 instr	22	35,553
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.

Federal Statements**Form 990, Part I, Line 1b - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Others, each under \$5,000	\$ 294,407	\$	\$ 294,407
Contributions from Schedule B	384,533	12,000	396,533
Total	<u>\$ 678,940</u>	<u>\$ 12,000</u>	<u>\$ 690,940</u>

Form 990, Part I, Line 1c - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 29,757	\$	\$ 29,757
Total	<u>\$ 29,757</u>	<u>\$ 0</u>	<u>\$ 29,757</u>

Form 990, Part I, Line 1d - Government Contributions

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
Contributions from Schedule B	\$ 45,500	\$	\$ 45,500
Total	<u>\$ 45,500</u>	<u>\$ 0</u>	<u>\$ 45,500</u>

The Greater Susquehanna Valley United Way
Form 990
Supplement to Statement 3 – Form 990, Part II, Line 22

PARTICIPATING WELFARE AGENCIES

The following amounts were paid or accrued to participating welfare agencies for the 2006 campaign year. The amounts include any special designations by contributors:

<u>Name of Agency</u>	<u>Fiscal Year June 30, 2007</u>		
	<u>Amount Paid for 2007</u>	<u>Accrued @ for 2007</u>	<u>Total for FYE Total</u>
Action Health	\$ 3,919	\$ 4,081	\$ 8,000
American Red Cross - Snyder County	9,057	18,493	27,550
American Red Cross - Sunbury	15,930	15,770	31,700
American Red Cross - Upper North'd Cty.	7,849	7,351	15,200
The Arc	3,268	4,232	7,500
Avenues	1,087	1,413	2,500
Big Brothers/Big Sisters of CSV	13,223	14,227	27,450
CSV Interfaith - Meals on Wheels	2,284	2,466	4,750
Central Susquehanna Sight Services	4,693	4,807	9,500
Concerned Citizens for Child Care	18,957	19,043	38,000
Degenstein Community Library	12,383	13,267	25,650
Evangelical Home Health Services	3,874	4,626	8,500
GHS - Children's Advocacy Center	7,671	9,329	17,000
Greater Susquehanna Valley YMCA	12,819	14,181	27,000
Habitat for Humanity/Snyder Union	533	1,467	2,000
Haven Ministries	7,647	13,728	21,375
Hemlock Girl Scout Council	7,212	7,188	14,400
Meals on Wheels at RiverWoods	193	757	950
Middlecreek Community Center	12,214	12,786	25,000
Milton Little League	1,472	1,528	3,000
Milton Public Library	4,385	4,165	8,550
Montgomery House Library	4,239	4,311	8,550
Priestley Forsyth Memorial Library	16,085	8,915	25,000
SARI Learn to Swim	1,425	1,425	2,850
Salvation Army - Sunbury Area	2,785	5,215	8,000
Selinsgrove Youth League	1,359	1,491	2,850
Selinsgrove Area Meals on Wheels	1,684	3,066	4,750
Snyder County Library	11,123	14,527	25,650
SUM Child Development, Inc.	9,581	10,419	20,000
Suncom Industries	4,001	4,599	8,600
Susquehanna Council, Boy Scouts of Am.	6,384	8,616	15,000
Susquehanna Valley Women in Trans.	9,311	11,539	20,850
Teen Counseling Program (Geisinger)	7,008	6,992	14,000
U.S.O. World Headquarters	28	672	700
YMCA of Greater Susq. Valley - Milton	<u>8,274</u>	<u>8,726</u>	<u>17,000</u>
Total	\$233,957 =====	\$265,418 =====	\$499,375 =====

**Greater Susquehanna Valley United Way
Board of Directors, 2006 - 2007**

Prof. Name	Last Name	Company	Preferred Address	City	Zip	Home phone	Work Phone	Fax Number	E-mail Address
Dottie	Anderson		408 N Ninth St	Selinsgrove	17870	374-1467			andersod@sunlink.net
Peggy	Arbogast		465 Heister Valley Rd	Mt. Pleasant Mills	17853	539-8119			tparbo@msn.com
Kendra	Aucker	Evangelical Community Hospital	One Hospital Dr	Lewisburg	17837	743-1488	522-2807	522-2194	kaucker@evanhospital.com
John	Bender		29 Spotswood Dr	Milton	17847	742-8453	742-8736		jbender@coupagency.com
Karen	Bowen	Bowen Agency Realtors	1 Courtyard Offices	Selinsgrove	17870	743-7556	743-2165	743-1396	karen@bowenagency.com
Tom	Clark, Esq		PO Box 57	Middleburg	17842	374-0407	837-0091	837-1360	tcclark@ptd.net
Roger	Haddon, Jr	Sunbury Broadcasting Corp	PO Box 1070	Sunbury	17801	374-1253	286-5838	743-7837	haddon@wkok.com
Frankie	Jones	Apfelbaum Realty	342 Market St	Sunbury	17801	286-4816	286-2111	286-4877	appler@evenlink.net
Jay	Lemons	Susquehanna University	514 University Ave	Selinsgrove	17870	374-4644	372-4439	372-4040	lemons@susqu.edu
Chris	Markle	Susquehanna University	514 University Ave	Selinsgrove	17870	374-9352	372-4425	372-2722	marklec@susqu.edu
Christine	Martin	Evangelical Community Hospital	One Hospital Dr	Lewisburg	17837		522-2502	522-2500	cmartin@evanhospital.com
John	Meckley, III, Esq		478 S Mill Rd	Milton	17847	742-4184	742-4184		jmeckley@skadden.com
Jessica	Pagana DeFazio, DO		1072 Market St	Sunbury	17801		286-8521	286-6197	pdefazio@ptd.net
Bill	Purdy		11 Cliff Road	Sunbury	17801	286-1661	286-5855	286-0219	meilbill@evenlink.com
Norm	Rich	Weis Markets	1000 S 2nd St	Sunbury	17801		286-3224	286-3625	nrich@weismarkets.com
Karl	Rohrbach		105 Magnolia Ave	Selinsgrove	17870	374-1061	743-2165 ext 28	743-1396	karlrohbach@hotmail.com
Eric	Rowe	Wood-Mode, Inc.	1 Second St	Kreamer	17833	374-7377	204	372-1417	enrcr@woodmode.com
Randy	Shroyer		513 Chestnut St	Sunbury	17801	286-0712	522-9800	522-3030	randys@playworldsystems.com
Paul	Spiegel	J Kleinbauer, Inc	28 N Market St	Selinsgrove	17870	374-7623	374-8824	374-6381	paul@kleinbauer.com
David	Stahl	M&T Bank, Milton Branch	33 South Front St	Milton	17847		742-9645		dstahl@mandtbank.com
Magge	Stahl	Wood-Mode, Inc.	1 Second St	Kreamer	17833	473-7050	374-2711	372-1405	mstahl@woodmode.com
Don	Steele, Jr	The Northumberland National Bank	PO Box 271	Northumberland	17857	524-9636	473-3531	473-9697	jdsteale@norrybank.com
Jan	Tippett	The Daily Item	200 Market St	Sunbury	17801	374-0712	5466	988-5478	jtipsett@dailyitem.com
Nancy	Walters		726 Broadway	Milton	17847	742-4924			nancat@verizon.net
Gary	Wolfe	Wolfe Associates	RR 1 Box 357D	Sunbury	17801	286-6199	286-2526	286-0348	gwolfe@wolvsearch.com
Pat	Young		103 Graylyn Crest Dr	New Columbia	17856	568-2421			paty@dejazzd.com

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

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

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

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

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization Greater Susquehanna Valley United W	Employer identification number 23-1697631
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 335 Market Street 2A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Sunbury PA 17801	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● The books are in the care of ▶ **Keri Albright**

Telephone No. ▶ **570-988-0993** FAX No. ▶

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

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **2/15/08**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **7/01/06**, and ending **6/30/07**.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.