Department of the Treasury Internal Revenue Service

A For the 2018 calendar year, or tax year beginning JUL 1,

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Go to www.irs.gov/Form990 for instructions and the latest information.

▶ Do not enter social security numbers on this form as it may be made public.

2019

18

Open to Public Inspection

B	Check if applicabl	C Name of organization		D Employer identific	cation number				
	Addre	UNITED WAY OF BROOME COUNTY, INC.							
<u> </u>	chang Name			***	****				
\vdash	chang Initial	9	Room/suite	E Telephone number	·				
H	return _Final	DO BOY 550	HOOHIJaane		240-2000				
L	⊥return. termin			G Gross receipts \$	18,212,862.				
Г	ated Amen			H(a) Is this a group re					
H	return Applic			for subordinates					
-	tion pendir	101 SOUTH JENSEN ROAD, VESTAL, NY 1385	0	H(b) Are all subordinates in					
T 7	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c		1	list. (see instructions)				
		te: WWW.UWBROOME.ORG		H(c) Group exemptio	. ,				
		organization: X Corporation Trust Association Other ▶	L Year		A State of legal domicile; NY				
	art I	Summary							
	1	Briefly describe the organization's mission or most significant activities: UNITE	ED WAY	FIGHTS FOR	THE				
Governance		HEALTH, EDUCATION, AND FINANCIAL STABILIT	Y OF E	VERY PERSON	IN BROOME				
naı	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	sets.				
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	21				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21				
8	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	30				
Activities &	6	Total number of volunteers (estimate if necessary)		6	2524				
ctj	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		589,386.	2,680,147.				
	9	Program service revenue (Part VIII, line 2g)		475.	20,293.				
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1 .	430,769.	1,716,850.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,440.	10,292.				
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,027,070. 839,958.	4,427,582. 1,859,470.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.9,938.	1,039,470.				
	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		575,047.	1,191,970.				
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
eus	loa	Total fundraising expenses (Part IX, column (A), line 25) 283,96							
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		329,285.	1,238,518.				
	l ''	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,744,290.	4,289,958.				
	1	Revenue less expenses. Subtract line 18 from line 12		-717,220.	137,624.				
10	4	Hoverido todo esperiosor educador milo 10 herri milo 12		ginning of Current Year	End of Year				
Assets C	20	Total assets (Part X, line 16)		31,515,386.	31,836,375.				
ASS	21	Total liabilities (Part X, line 26)		652,103.	558,197.				
Net		Net assets or fund balances. Subtract line 21 from line 20		30,863,283.	31,278,178.				
Pa	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
		CHENTCODY							
Sig	n	Signature of officer 1		Date					
Her	e	JAMES MCDUFFEE, PRESIDENT							
		Type or print name and title		Date Check	DTIN				
		Print/Type preparer's name Preparer's signature		l if 1_	PTIN				
Paid -		TERA A. STANTON, CPA TERA A. STANTON,	CPA 0	1/24/20 self-employ	red P01243815				
	arer	Firm's name DAVIDSON, FOX & COMPANY, LLP		Firm's EIN ▶					
Use	Only	Firm's address 53 CHENANGO STREET BINCHAMION NY 13901		Db 60	7_700_5306				
	.,	BINGHAMTON, NY 13901		Prione no. 6 U	7-722-5386 X Yes No				
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

orm	990 (2018) UNITED WAY OF BROOME COUNTY, INC. **-***** Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	UNITED WAY FIGHTS FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY
	OF EVERY PERSON IN BROOME COUNTY. FOR 100 YEARS, UNITED WAY OF BROOME
	COUNTY HAS IMPROVED CONDITIONS IN THE COMMUNITY TO HELP OUR FRIENDS
	AND NEIGHBORS LEAD MORE SUCCESSFUL LIVES. OUR MISSION IS TO DRIVE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,202,431. including grants of \$ 1,859,470.) (Revenue \$ 20,293.)
	COMMUNITY IMPACT & INITIATIVES PROGRAMS REFER TO EFFORTS WORKING WITH
	COMMUNITY RESIDENTS, ORGANIZATIONS, LEADERS, AND OTHER STAKEHOLDERS TO
	FURTHER THE UNITED WAY OF BROOME COUNTY'S MISSION AND INCREASE ITS
	INVESTMENT IN ACTIVITIES THAT PROMOTE THE ORGANIZATION'S VISION.
	THROUGH THE DEVELOPMENT OF SHARED COMMUNITY VISIONS FOR UNITED WAY'S
	BUILDING BLOCKS TO A QUALITY LIFE: HEALTH, EDUCATION, AND FINANCIAL
	STABILITY, COMMUNITY IMPACT & INITIATIVES PROGRAMS WORK ON CREATING THE
	GREATEST POSSIBLE IMPACT TO IMPROVE OUTCOMES FOR INDIVIDUALS AND
	The state of the s
	LIFESTYLES COALITION (HLC), THE BINGHAMTON-BROOME ANTI-POVERTY
	INITIATIVE (BBAPI), AND THE UNITED WAY OF BROOME COUNTY'S STRATEGIC
	PRIORITIES AND BASIC NEEDS GRANT PROGRAM, THE EMERGENCY GRANT PROGRAM,
4b	(Code:) (Expenses \$ 254,044. including grants of \$) (Revenue \$)
	THE 2-1-1 SUSQUEHANNA RIVER REGION CONTACT CENTER PROVIDES INFORMATION
	AND REFERRALS TO AGENCIES AND PROGRAMS IN BROOME, CHENANGO, DELAWARE,
	OTSEGO, AND TIOGA COUNTIES. 2-1-1 SPECIALISTS CONNECT INDIVIDUALS WITH
	A WIDE RANGE OF RESOURCES AND SERVICES RANGING FROM FOOD ACCESS, HEALTH
	CARE, HOUSING AND UTILITIES PAYMENT ASSISTANT, EMPLOYMENT SERVICES,
	VETERAN SERVICES, CHILDCARE, CRISIS, AND EMERGENCY COUNSELING, DISASTER
	RELIEF AND MORE, THROUGH AN ONLINE, EXTENSIVE DATABASE OF MORE THAN
	5,000 RESOURCE, AGENCIES, AND PROGRAM INFORMATION.
4c	(Code:) (Expenses \$
	7/0-1
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,456,475.
	Form 990 (2018)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_ <u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	57,740.	JP 76 is	948
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			**
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Δ_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			77
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	Х	
	Schedule D, Parts XI and XII	12a	Λ	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
	or more? If "Yes," complete Schedule F, Parts I and IV	140		122
15		15		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	''		
18		18		Х
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		19		X
00-	complete Schedule G, Part III	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		_
b o₁	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	The state of the s			

UNITED WAY OF BROOME COUNTY, INC.

100	Chicokinot of resignation (continueu)		Yes	No
00	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	110
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			i
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Í
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	Second Sec	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	<u> 1942. j</u>		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			~~
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	ļ	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١		7.7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			₹.
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	ļ	v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	0.4		х
	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Soa		-22
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	- 30	 	 -
37		37	1	х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.		
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Ра	Note. All Form 990 filets are required to complete scriedate 0 ↑ V Statements Regarding Other IRS Filings and Tax Compliance		 	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			\Box
		.,	Yes	No
4-	Enter the number reported in Box 3 of Form 1096. Enter -0· if not applicable		1:55	T
_	The Wood is shaded in line of a Carbon confined by	-1	1	
b	Division and reportable gaming	1		
С	(gambling) winnings to prize winners?	1c		
-	(ganessig)	A PARTY NAMED AND ADDRESS OF THE PARTY NAMED AND ADDRESS OF TH	990	(2018)

Form	990 (2018) UNITED WAY OF BROOME COUNTY, INC.	**_***	***	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1	94.65	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 30			
	filed for the calendar year ending with or within the year covered by this return		2b	Х	<u>- 1 (27%)</u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		20		i a a
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		За	10/11 77 F	X
	2.4 1.70 0.94		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		05		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other are financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account, or other financial account.	count\?	4a		X
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1553		
D	If "Yes," enter the name of the foreign country: ►	counts (FBAR).			
E-			5a		X
_	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
0a	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
D	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b			7b		<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g	<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h	1915 - 20 TV	ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the		15jed	
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		1,500.0		
а	Did the appringing organization mane any transfer and		<u>9a</u>	ļ	├
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	3404	A Agrico
10	Section 501(c)(7) organizations. Enter:	I I	1302		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	I I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	4.41			
	amounts due or received from them.)	11b	100	1,8144	14.35.3
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	10.51	\$50 A 50 P
b	II Tes, effect the amount of tax oxempt interest reserved of desired and a server	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	1 20 10	
а			100		3-50
	Note. See the instructions for additional information the organization must report on Schedule O.		71		
b		13b			
	organization is licensed to issue qualified health plans		†		1
C	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		14a	1	X
_	15 No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		14b	1	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduling the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		T	1	
15	excess parachute payment(s) during the year?		15		X
	lf "Yes," see instructions and file Form 4720, Schedule N.	,,			T
46	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
16	If "Yes," complete Form 4720, Schedule O.				
- promotive	II 100, Compate Feminate Contestate Co.		Fori	ո 990	(2018)

UNITED WAY OF BROOME COUNTY, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion A. Governing Body and Management										
				. 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		21							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b		21	(1) 电视性						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
2	officer, director, trustee, or key employee?				2	Х					
_	Did the organization delegate control over management duties customarily performed by or under the										
3	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х				
	Did the organization make any significant changes to its governing documents since the prior Form 9				4		Х				
4	Did the organization make any significant changes to its governing decement enter the programment of the organization's ass	ets?	.,		5		X				
5	·										
6	Did the organization have members or stockholders?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members, stockholders, or other persons who had the power to elect or approximately a second control of the organization have members.				7a		X				
	more members of the governing body?				- 7 a	***					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				7b		Х				
	persons other than the governing body?			•••••	70	77657					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				0-	X					
а	The governing body?				8a	X	 				
b	Each committee with authority to act on behalf of the governing body?				8b						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						х				
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Δ.				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				1				
					$\overline{}$	Yes	No				
1 0a	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,				İ				
	alla bialionoo to onoaio aiten apartiri di				10b		<u> </u>				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the for	m?	11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						4.5				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "										
	in Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X	ļ				
15	Did the process for determining compensation of the following persons include a review and approve										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The state of the state of the program of the state of the management official				15a	X					
a b	Other officers or key employees of the organization				15b	Х					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
460	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment v	vith a								
10a	taxable entity during the year?				16a		Х				
	the state of the s	ite its i	participation		Tar. Ya	£799					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's								
	•				16b						
500	exempt status with respect to such arrangements? tion C. Disclosure			· · · · · · · · · · · · · · · · · · ·	1						
		_		***************************************							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, ar	nd 990	-T (Section 50	1(c)(3)	s only)	availa	ble				
18		000	. , ,0000001100	. (5)(6)	- ~·y/						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	n in C	shadula (1)								
				and	finano	ial					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	HHIGE C	vi urrerezi bolit	Jy, and	miano	iai					
	statements available to the public during the tax year.	ale= -	dragerd- N								
20	State the name, address, and telephone number of the person who possesses the organization's bo	uks ar	iu recorus 🎉								
	JENNIFER LINDSAY - 607-240-2004										
	101 JENSEN RD, VESTAL, NY 13850						in and a second				

(E)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

1

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	, (do	not o	Posi	ition	than	ne.	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s bot	an	compensation	compensation	amount of
	week	├.	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	rector				1		the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC)	from the organization
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC)		and related
	below	val tr	tional		nploy	st con				organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) DEBBIE ANDRAKO	2.00									
DIRECTOR		Х			ļ			0.	0.	0.
(2) FRANCIS BATTISTI	2.00									
DIRECTOR		X						0.	0.	0.
(3) OLIVER N. BLAISE III	2.00									
DIRECTOR		X						0.	0.	0.
(4) SEAN BRITTON	2.00									_
DIRECTOR		X					L	0.	0.	0.
(5) DORIS CHEUNG	2.00	1						_	_	
DIRECTOR		X				_		0.	0.	0.
(6) BRIAN DEBOYACE	2.00									
TREASURER		X			_	_		0.	0.	0.
(7) KENNETH FRANK	2.00				İ		1			
DIRECTOR		X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(8) LESLEY FREY	2.00				Į					
DIRECTOR		X	<u> </u>	<u> </u>			<u> </u>	0.	0.	0.
(9) GREG LESKO	2.00				1					
VICE PRESIDENT		X	<u> </u>		ļ	_	1	0.	0.	0.
(10) ZACHARY MAJKA	2.00									
VICE PRESIDENT/ASSISTANT TREASURER		X		<u> </u>	_	ļ	ļ	0.	0.	0.
(11) JIM MCDUFFEE	2.00	1								
PRESIDENT		X	<u> </u>	ļ	<u></u>	<u> </u>	ļ	0.	0.	0.
(12) ANN MCNICHOLS	2.00	-								
DIRECTOR		X	<u> </u>	<u> </u>		_	1	0.	0.	0.
(13) MARIA MOTSAVAGE	2.00	┨								
DIRECTOR		X		_	ļ	╀	ļ	0.	0.	0.
(14) ROBERT MURPHY	2.00									
DIRECTOR		X		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(15) MICHAEL PONTICIELLO	2.00	١								
DIRECTOR	<u> </u>	X	-	ļ	<u> </u>	-	╁	0.	0.	0.
(16) AMAR RAI	2.00									_
DIRECTOR	 	X	-	-	-	-	-	0.	0.	0.
(17) BETH ROBERTS	2.00							0.	0.	
SECRETARY		X		1		<u></u>	<u></u>	1 0.	L V.	0. Form 990 (2018)

832007 12-31-18

Form 990 (2018)

UNITED WAY OF BROOME COUNTY,

(B)

(A)

INC.

(D)

Form 990 (2018)

			Check if Schedule O cont	airis a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1	a	Federated campaigns	1a	1,368,337.				
Grants Amounts		b	Membership dues	1b					
<u>@</u> 8			Fundraising events						
ifts			Related organizations						
nii.G			Government grants (contribut	1 1					
Sig			All other contributions, gifts, gran						
le Ei		•	similar amounts not included abo		1,311,810.				
Contributions, Gifts, and Other Similar Ar		a	Noncash contributions included in lines						
P P		_	Total. Add lines 1a-1f	•		2,680,147.	与对抗要是 1985年		
<u> </u>		••	10 tall /		Business Code	實際學 的复数形式			
	2	2	FCFH PROGRAM		624200	20,293.	20,293.		
Sice		b	200		******				
ie i									
m Sel		۲ C							
gra Be		d							
Program Service Revenue		ŧ.	All other program service reve	anue.					
_			Total. Add lines 2a-2f			20,293.			
	3	у_	Investment income (including						
	3		other similar amounts)			553,391.			553,391.
	4		Income from investment of ta				,.,,,,,,		
	4			•	•				
	5		Royalties	(i) Real	(ii) Personal	Birth Burger			
	_		0	(I) Neal	(ii) Fersonal				
			Gross rents						
			Rental income or (loss)					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 25 a a
				(i) Convition		erustrene i St			
	7	а	Gross amount from sales of	(i) Securities 14,948,739					
•			assets other than inventory	14,540,735	•				
		b	Less: cost or other basis	13,785,280					
			and sales expenses						
			Gain or (loss)			1,163,459.			1,163,459,
			Net gain or (loss)			1,103,435.			
ē	8	а	Gross income from fundraisin						
en			including \$						
Şe.			contributions reported on line						
er			Part IV, line 18		a				
Other Revenue			Less: direct expenses		b	10 HAR TO AND THE	. <u>1951 (1952) - 1955 (1956)</u> - 1913 (1956) - 1913 (1956)	<u>। इत्तर भागिताक स्थापित ही</u>	
-			Net income or (loss) from fund	-		1.0 73050 2000			
	9	а	Gross income from gaming ac						
			Part IV, line 19		a				周 提供的系统。
			Less: direct expenses		b	ang ng pawatanta kabasa	a presidenti (1960), sp. j.	a la diversión de la completa de la completa de la completa de la completa de la completa de la completa de la	PLA AS JAHAR JOHAN
			Net income or (loss) from gan					Talantia Propie	
	10	а	Gross sales of inventory, less		_				
			and allowances		a	1			
			Less: cost of goods sold		b				
		С	Net income or (loss) from sale						
			Miscellaneous Revenu	ie	Business Code	9,928.			9,928.
	11				900099	364.			364
		b	OTHER INCOME			304.			304.
		C			-				
•		d				10,292.			
		е						0.	1,727,142
	12		Total revenue. See instructions			4,427,582.	40,433.	١ ٠.	, -, 101, 1 + 2.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (A) Total expenses (C) Do not include amounts reported on lines 6b. Program service expenses Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 1,859,470. 1,859,470 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 588,137. 249,153. 179,536. 1,016,826. Other salaries and wages Pension plan accruals and contributions (include 40,278. 175,144. 92,932. 41,934. section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): a Management Legal Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 87,795. 1,981. 123,748. 33,972. column (A) amount, list line 11g expenses on Sch O.) 72,485. 1,077. 71,318. 90. Advertising and promotion 12 13 Office expenses Information technology 14 Royalties _____ 15 2,687. 10,886. 25,680. 39,253. 16 Occupancy 11,991. 41,323. 10,670. 18,662. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 ------20 7,269. 31,756. 1,838. 40,863. Payments to affiliates _____ 21 63,240.63,240. Depreciation, depletion, and amortization 22 1,264. 15,979. 4,882. 9,833. Insurance 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 774,568. 731,441. 10,799. 32,328. SUPPLIES AND PROGRAM CO 2,442.5,249. 18,936. 26,627. EOUIPMENT REPAIRS AND M 6,169. 1,154. 15,721. 23,044. TELEPHONE 3,239. 1.625. 5,855. DUES AND SUBSCRIPTIONS 10,719. 2,332. 2,914. 1,423. 6,669. e All other expenses $3,456,\overline{475}$ 549,516. 4,289,958. 283,967. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Form 990 (2018)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			0.	1	0.
	2	Savings and temporary cash investments			2,508,940.	2	1,669,948.
	3	Pledges and grants receivable, net	620,424.	3	1,032,452.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
g		employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use				8	
	9				27,118.	9	16,014.
	10a			`			
		basis. Complete Part VI of Schedule D	10a	1,367,663.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	939,752.	372,609.	10c	
	11	Investments - publicly traded securities	27,654,961.	11	28,376,614.		
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line	I1			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	331,334.	15	313,436.		
	16	Total assets. Add lines 1 through 15 (must equa	31,515,386.	16	31,836,375.		
	17	Accounts payable and accrued expenses	475,473.	17	525,593.		
	18	Grants payable	162,811.	18	24,503.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I			Methodological Services (1984)	21	1 1,500 A 140, 17 18 52 18 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18
es	22	Loans and other payables to current and former					
H		key employees, highest compensated employee		e with			
Liabilities		Complete Part II of Schedule L			12 010	22	8,101.
_	23	Secured mortgages and notes payable to unrela			13,819.	23	0,101.
	24	Unsecured notes and loans payable to unrelated			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	24	
	25	Other liabilities (including federal income tax, pa					1
		parties, and other liabilities not included on lines				05	<u> </u>
	00	Schedule D Total liabilities. Add lines 17 through 25			652,103.	25 26	558,197.
	26	Organizations that follow SFAS 117 (ASC 958		here X and		20	
		complete lines 27 through 29, and lines 33 an		There P 11 and			
sec	27	Unrestricted net assets			19,963,680.	27	20,363,324.
<u>a</u>	28	Temporarily restricted net assets	0.	28	0.		
Ва	29	Permanently restricted net assets	10,899,603.	29	10,914,854.		
pur		Organizations that do not follow SFAS 117 (A					
Ϋ́		and complete lines 30 through 34.					
0	30	Capital stock or trust principal, or current funds				30	A CONTRACTOR OF THE CONTRACTOR
set	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			30,863,283.	33	31,278,178.
	34				31,515,386.	34	31,836,375.
-						(during says grayer) (Ast	Form 990 (2018

orm	UNITED WAY OF BROOME COUNTY, INC.	**_*	*****	Page	_e 12
Pai	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u> [
			4 405		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,427		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,289		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,62	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,863		
5	Net unrealized gains (losses) on investments	5	277	7,27	1.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	31,278	3,17	8.
Pa	rt XII Financial Statements and Reporting			4	
	Check if Schedule O contains a response or note to any line in this Part XII		·····		X
	·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [[]]		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	100	3.85 \$ 14 E	
2a	Were the organization of manoral clatements of the manoral clatement of		2a	270 470 4	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O.	1000 (M) 1001 - 1001		2433
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **_**** UNITED WAY OF BROOME COUNTY, Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2018 UNITED WAY OF BROOME COUNTY, INC. **-*** [Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2328641.	2017235.	2409470.	2245340.	2680147.	11680833.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ť	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2328641.	2017235.	2409470.	2245340.	2680147.	11680833.
5	The portion of total contributions						
J	by each person (other than a						
	governmental unit or publicly			(1) 등록 10 전 - 10 전 등록 10 전 (1) (1) 등록 10 전폭 20 표			
U	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support, Subtract line 5 from line 4.						11680833.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	2328641.	2017235.	2409470.	2245340.	2680147.	11680833.
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	678,053.	640,723.	579,698.	454,186.	553,391.	2906051.
9	Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on					1	
40	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44							14586884.
11 12		etc. (see instruction	ons)			12	170,586.
12	First five years. If the Form 990 is for	r the organization's	s first, second, thir			n 501(c)(3)	
10	organization, check this box and stop	n here			······		
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (I			column (f))		14	80.08 %
15						15	<u>78.16 %</u>
16:	33 1/3% support test - 2018. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	١			▶ X
i	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
•	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
. 17:	a 10% -facts-and-circumstances test	t - 2018. If the ord	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	nis box and stop l	here. Explain in Pa	art VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
,	10% -facts-and-circumstances test	t - 2017. If the ord	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
,	more, and if the organization meets the	he "facts-and-circu	ımstances" test. cl	neck this box and	stop here. Explain	n in Part VI how th	ne
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	nization	
1 0	Private foundation. If the organization	on did not check a	box on line 13, 16	ia, 16b, 17a, or 17l	b, check this box a	and see instruction	
10	I IIVALO IOAIIAAAOII II IIIO OIGAIIIZAA						0 or 990-EZ) 2018

Page 3_

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	elow, please comp	lete Part II.)				. N. 105 (A
	ction A. Public Support			I	T	T	
	ndar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						- Alenas
3	Gross receipts from activities that						,
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			. 0			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			regions the confident			
	etion B. Total Support		· · · · · · · · · · · · · · · · · · ·	diam of the state	M. C. Charles and Association		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	127	337				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses		i .				
	acquired after June 30, 1975						
	Add lines 10a and 10b					, eas	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organizat	ion,
	check this box and stop here						<u></u>
	ction C. Computation of Publi					T 1	
	Public support percentage for 2018 (l				***************************************	15	%
16	Public support percentage from 2017	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves					T I	
	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	
198	a 33 1/3% support tests - 2018. If the						▶ 1
	more than 33 1/3%, check this box ar						*******
k	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Orga	anizations
--------------------------------	------------

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	Yes	
1		
2 3a		
3b		
3c		
4a		
4b	hoosiya.	
4c		
5a 5b		1000
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

	dule A (Form 990 or 990-EZ) 2018 UNITED WAY OF BROOME CO		, 1110.	*_**** Page 6
Par 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			art VI.) See instructions. A
•	other Type III non-functionally integrated supporting organizations must co			,
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	74.7		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		- Control of the Cont
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integra	ated Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

d Excess from 2017e Excess from 2018

Cabadula A	(Form 990 or 990-E	7) 2018	UNITER	WAY	TO	BROOME	COUNTY.	INC.	**-***** Page 8
Part VI	Supplementa Part IV, Section A	I Inform , lines 1, etion D, I , 6, and 8	nation. Pr 2, 3b, 3c, 4b ines 2 and 3:	ovide the e o, 4c, 5a, 6 Part IV Se	explan , 9a, 9	nations require b, 9c, 11a, 1	ed by Part II, lir 1b, and 11c; Pa 2a, 2b, 3a, and	ie 10; Part II, line 1 art IV, Section B, lir 3b: Part V. line 1: F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V, ditional information.
	(500 Instructions.	<u> </u>						1,, 5,	
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

UNITED WAY OF BROOME COUNTY,

Employer identification number

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Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

UNITED	WAY	OF	BROOME	COUNTY	, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAE SYSTEMS 1098 CLARK ST ENDICOTT, NY 13760	\$60,643.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED HEALTH SERVICES 33-57 HARRISON STREET JOHNSON CITY, NY 13790	\$ <u>112,155.</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VISIONS FEDERAL CREDIT UNION 24 MCKINLEY AVE ENDICOTT, NY 13760	\$128,026.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BINGHAMTON UNIVERSITY 6000 VESTAL PARKWAY EAST VESTAL, NY 13850	\$67,655.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	COLUMBIAN FINANCIAL GROUP 4704 VESTAL PARKWAY EAST VESTAL, NY 13850	\$63,171.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DECKER FOUNDATION 4 RIVERSIDE DRIVE BINGHAMTON, NY 13905	\$85,000.	Person Payroll X Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED	WAY	OF	BROOME	COUNTY,	INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	M&T BANK 1 M&T PLAZA, 2ND FLOOR BUFFALO, NY 14240	\$\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SECURITY MUTUAL 100 COURT STREET BINGHAMTON, NY 13901	\$\$66,421.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WEGMANS P.O. BOX 30844 ROCHESTER, NY 14603	\$\$.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED	WAY	OF	BROOME	COUNTY,	INC.

art II 🏻 🏻 🌣	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		 \$	
			990, 990-EZ, or 990-PF) (

Employer identification number

TED W	AY OF BROOME COUNTY,	INC.	* * * * * * * * * * * * * * * * * * *
			601(c)(7), (8), or (10) that total more than \$1,000 for the ye organizations
com	n any one contributor. Complete columns (a) pleting Part III, enter the total of exclusively religious, of auplicate copies of Part III if additional s	charitable, etc., contributions of \$1,000 or less for	the year. (Enter this info. once.)
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
			Relationship of transferor to transferee
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
			and the second s
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
om	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	
om		(e) Transfer of gift	The second of th
om irt I		(e) Transfer of gift	The second of th
om	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
om art I	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 (c) Use of gift	Relationship of transferor to transferee
om art I	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee (d) Description of how gift is held
om irt I	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 (c) Use of gift (e) Transfer of gift	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Part II Organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of ordinations to (during year) 4 Aggregate value of ordinations to (during year) 5 Did the organization internal discrete value of contributions to (during year) 6 Did the organization internal discrete value of contributions to (during year) 7 Did the organization internal discrete value of contributions to (during year) 8 Aggregate value at end of year 9 Aggregate value of grains from (during year) 9 Did the organization internal discrete value of the organization's exclusive legal control? 9 Did the organization intornal grantees, clences, and denor advisors in writing that the assets held in donor advised funds are the organization intornal grantees, clences, and denor advisors in writing that the assets held in donor advised funds are the organization from the part of the organization's exclusive legal control? 9 Did the organization information of the benefit of the often of control of the organization answered "Yes" on Form 900, Part IV, line 7. 1 Purposely of conservation easements. Complete if the organization (rheck all that grapt). 1 Preservation of part agree pages 2 Complete line 2 a through 2d if the organization held a qualified conservation or a settlified historic structure. 2 Transmitten of possess pages 3 Transmitten of possess pages 4 Transmitten of possess pages 5 Transmitten of possess pages 6 Transmitten of possess pages organization asserted to the conservation easements included in (a) acquired after 775506, and not on a historic structure 1 Transmitten of conservation easements modified, stratsferred, released, extinguished, or terminated by the organization during the tax year 2 Transmitten of the formal registers 3 Number of conservation easements modified, stratsferred, released, extinguished, or terminated by the organization during the year 1 Transmitten organization asserted to monitoring, inspecting, inspecti	Dat	UNITED WAY OF BROOME I Organizations Maintaining Donor Advised I		or Accou	1ts. Complete if the
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Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cons	servation eas	ements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?		>			
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X b Assets included in Form 990, Part X	7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conserva	tion easeme	nts during the year
and section 170(h)(4)(B)(ii)?		> \$			
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X S S 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X	8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X Assets included in Form 990, Part X					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X Assets included in Form 990, Part X		include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organiza	tion's accounting for
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the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part X \$					
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X		**			
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 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$	2			Jan., Provid	= =
b Assets included in Form 990, Part X ▶ \$					\$
D Assets included in the intervention of the i					

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Sche		VAY OF BROO					**_**		Page 2
	t III Organizations Maintaining Co	ollections of Art	, Historical Trea	asures, or (Other:	Similar	· Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other records	, check any of the fo	ollowing that a	ıre a sigr	nificant u	se of its co	ollection ite	ems
	(check all that apply):								
а	Public exhibition	d	Loan or exch	nange program	ns				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	e organization	's exemp	ot purpos	se in Part)	CIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical treas	ures, or other	similar a	ıssets		4	
	to be sold to raise funds rather than to be ma							Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the organizatior	n answered "Y	'es" on F	orm 990), Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	The second secon				ative:			
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other asse	ts not in	cluded		7	
	on Form 990, Part X?						L	Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fo					y?	L_	Yes	No No
b	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete it	f the organization an	swered "Yes" on Fo	rm 990, Part I\					
		(a) Current year	(b) Prior year	(c) Two years			years back	(e) Four ye	
1a	Beginning of year balance	29,023,530.	27,678,478.	26,800,			50,323.		47,310.
b	Contributions	25,044.	132,728.		,125.		246,982.		20,000.
С	Net investment earnings, gains, and losses	2,003,870.	2,579,841.	1,436,	,455.	1,4	181,717.	-6	74,704.
d	Grants or scholarships								
е	Other expenditures for facilities				1				
	and programs	1,669,446.	1,367,517.	581	,760.	2,5	78,363.	1,6	42,283.
f	Administrative expenses								
g	End of year balance	29,382,998.	27,678,479.	L	,478.	26,8	300,659.	27,6	50,323.
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	64.00	_%						
b	Permanent endowment ► 36.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administere	ed for the	e organiz	ation		
	by:								es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	<u> X</u>
b	If "Yes" on line 3a(ii), are the related organiza							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990							
	Description of property	(a) Cost or o	1	or other		cumulat	I	(d) Book	value
		basis (investn		(other)	dep	reciation	1		
1a	Land			2,881.					,881.
b	Buildings		83	7,042.	5	03,6	23.	333	,419.
	Leasehold improvements								
d	Equipment			6,631.		36,0			,595.
<u>e</u>	Other		12	1,109.	1	.00,0	93.		,016.
Tota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. column (B). line 1	0c.)	<u></u>			427	,911.

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 UNITED WAY OF BROOME COUNTY	, INC	•		*****	Page 4
	TXI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	eturn.		
27-21	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				_	
1				1	4,704,	853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•••••		1 5 2 W		
a	Net unrealized gains (losses) on investments	2a	277,271.			
b	Donated services and use of facilities					
C	Recoveries of prior year grants	1 1		120		
d	Other (Describe in Part XIII.)		10-1			
e	Add lines 2a through 2d			2e	277	271.
3	Subtract line 2e from line 1			3	4,427	,582.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		104		
a b	Other (Describe in Part XIII.)					
C				4c		0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	4,427	,582.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	ents With	Expenses per	Return		
iner er	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		•			
	Total expenses and losses per audited financial statements		· · · · · · · · · · · · · · · · · · ·	1	4,289	,958.
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:			7,500		<u></u>
2		2a				
a	Donated services and use of facilities			7 1		
b	Prior year adjustments					
С.	Other losses					
d	•			2e		0.
е	Add lines 2a through 2d			3	4,289	.958.
3	Subtract line 2e from line 1					,
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	10				
а	•	1 1				
b	,			4c		0.
_	Add lines 4a and 4b				4,289	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.					,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lings 1h	and 2h: Part V line	4. Part X	(line 2: Part)	()
				, i ai i /-	c, m10 2, 1 a.t.	,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addi	illonai imon	nadon.			
					.,	
						

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

► Go to www.irs.gov/Form990 for the latest information.

ž SCOUTS IN COUNSELING & PUBLIC/ELDER CENTER, COURT APPOINTED SPECIAL (h) Purpose of grant or assistance DISASTER SERVICES SENIOR HEALTH INS OPERATIONS, TEEN BOY SCOUTS, CUB SUPPORT FOR MAIN X Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any SROOME COUNTY CAMP SERTOMA BENERAL USE DVOCATES LANNING Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0. . 0 ٥. ö ċ (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 482. 93,460. 610. 100,000 23,964. 000 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 78 82, 17 INC (c) IRC section (if applicable) BROOME COUNTY, ●●*:*--**-** (3) ● * : * --- * * - * BOT (C) ●●*:*--**-*BOT(3) ● * : * --- * * -- * B B 1 (3) ●●*:*--**-*BOH*CF*(3) General Information on Grants and Assistance (p) EIN UNITED WAY OF criteria used to award the grants or assistance? 1 (a) Name and address of organization AMERICAN RED CROSS, SOUTHERN TIER BINGHAMTON BIG BROTHERS/BIG SISTERS OF TWIN - 10 PARK STREET, SULTE 2 RESOLUTION, INC. - 350 STATE ST BOY SCOUTS BADEN-POWELL COUNCIL ACTION FOR OLDER PERSONS, INC. ACCORD, A CENTER FOR DISPUTE - 620 E MAIN STREET or government BOYS AND GIRLS CLUB OF BINGHAMTON, NY 13905 BINGHAMTON, NY 13901 BINGHAMTON, NY 13901 2150 STATE ROUTE 12 NY 13760 TOWANDA, PA 18848 90 CLINTON STREET VESTAL, NY 13850 200 PLAZA DRIVE ENDICOTT, CHAPTER PartII Part TIERS Q

Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2018)

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Schedule I (Form 990) UNITED WAY	7 OF BROOME	COUNTY,	INC.		,	*	**-***** Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	ssistance to Gov	rernments and Organi	zations in the Uni		(Schedule I (Form 990), Part II.)	ц II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF WESTERN BROOME - 1 CLUBHOUSE ROAD - ENDICOTT, NY 13760	*:	-**_* b &**(3)	50,703.	0			YOUTH OUTREACH, SUMMER FUN, ATHLETICS AND WELLINESS PROGRAM, BUILDING REPAIRS
BROOME COUNTY COUNCIL OF CHURCHES 3 OTSINENGO STREET BINGHAMTON, NY 13903	**	**-* s ø <u>r</u> *æ*(3)	34,875.	.0			
BROOME COUNTY URBAN LEAGUE 43-45 CARROLL STREET BINGHAMTON, NY 13901	••*:***-*\$\$If¢C7(3)	\$01fcf(3)	17,824.	.0			OL AND SUMM YOUTH WORK READIN EETING THE
CATHOLIC CHARITIES OF BROOME COUNTY - 232 MAIN STREET - BINGHAMTON, NY 13905	*	**************************************	152,924.	. 0			PREGNANCY, PARENTING & ADOPTION, EMERGENCY ASSISTANCE PROGRAM, FAMILY COUNSELING
CORNELL COOPERATIVE EXTENSION OF BROOME COUNTY - 840 UPPER FRONT STREET - BINGHAMTON, NY 13902	***************************************	.*** \$ \$\$\${\$\$(3)	32,743.	0			NUTRITIONAL EDUCATION AND PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTANCE
CRIME VICTIMS ASSISTANCE CENTER 377 ROBINSTON STREET BINGHAMTON, NY 13904	***************************************	.*** # \$\$! *(3)	98,295.	.0			PREVENTION EDUCATION
DEPOSIT COMMUNITY CENTER 61 FRONT STREET DEPOSIT, NY 13754	**	-* s ¢I*C;3)	46,000.	.0			GENERAL USE
DEPOSIT FOUNDATION AND RURAL HOUSING - 119 FRONT STREET - DEPOSIT, NY 13754	***************************************	-**-* # \$\$\$\$(3)	20,000.	.0			1 1
FAMILY AND CHILDREN'S SOCIETY, INC 257 MAIN STREET - BINGHAMTON, NY 13905	••*:***-*BOIRC	*\$61*te*(3)	42,000.	• 0			COUNSELING, ELDER COUNSELING AND SCHOOL COUNSELING, SUPERVISED VISITATION SERVICES Schedule I (Form 990)

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0	OF BROOME	ME COUNTY, I	INC.				**-**** Page 1
(b) ElN (c) IRC sect	(b) EIN	(c) IRC section	organizations in the United States	1 7	(Schedule I (Form 330), Farm.)	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							GENERAL USE TO SERVICE
FAMILY ENRICHMENT NETWORK							CHILDREN AND FAMILIES FOR
24 CHERRY STREET JOHNSON CITY NY 13790	******	-**-*BOI*C*(3)	52,182,	0			EDUCATION AND SPECIAL EDUCATION SERVICES.
LANNING OF SOU							
NEW YORK - 117 HAWLEY STREET - DINGHAMMON NV 12001	*! * * * * * *	(17 / 4 克米 4 左 图 * * *	17 500	c			HEALTHCARE EDUCATION
FIRST PRESBYTERIAN CHURCH OF				***			
JOHNSON CITY - 2 MAIN STREET							
JOHNSON CITY, NY 13790	* * * * *	.**_*\$OI\C\3)	24,000.	.0			GENERAL USE
FOOD BANK OF THE SOUTHERN TIER							
388 UPPER OAKWOOD AVE	(の/米方米子を世代 水米 米・米・	、ワノモチルチを登り	24 702	C			GENERAL, IISR
ELMIKA, NI 14303		(5)(0)(10)	104.				
HANDICAPPED CHILDREN'S ASSOCIATION							
18 BROAD STREET							
JOHNSON CITY, NY 13790	*-**	**-*bot*c%(3)	7,410.	0.			CHILD CARE
				-			
JEWISH COMMUNITY CENTER-BINGHAMTON			1				SCHOOL AGE CHILD CAKE, WIII. DAY CHILD CARE,
SUU CLUBHUUSE KUAD VESTAL NY 13850	* * * * * * * * * * * * * * * * * * * *	-**-*BOIKCY(3)	104,837.	0			ENCORE PLUS
PEERS OF							
BROOME-TIOGA - 185 COURT STREET -							BACIS LITERACY/EDL
BINGHAMTON, NY 13901	* * * * * * * * * * * * * * * * * * * *	**-*sorkcy(3)	20,071.	0			TUTORING
							COMPEER YOUTH MENTORING,
MENTAL HEALTH ASSOCIATION							CCSI (COORDINATED
153 COURT STREET							CHILDREN'S SERVICE
BINGHAMTON, NY 13901	* * * * * * * * * * * * * * * * * * * *	-**-* b &*(3)	41,939.	0.			INITIATIVE) FOCUS
							PARENTS AS LEADERS (PAL)
MOTHERS AND BABIES PERINATAL				,			FAMILY RESOURCE CENTER,
NETWORK OF SCNY, INC 457 STATE							PREVENTING TEEN PREGNANCY
STREET - BINGHAMTON, NY 13901	******	_**-**********************************	36,719.	0.			THROUGH EMPOWERING TEENS
							(OOO)

Schedule I (Form 990)

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Schedule | (Form 990) UNLTED WAY OF BROOME COUNTY, INC.

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (Form 990), Part II.) UNITED WAY OF BROOME COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Gov	ernments and Organ	izations in the Uni	ted States (Sche	dule I (Form 990), Par	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESEARCH FOUNDATION FOR SUNY AT BINGHAMTON - PO BOX 6000 - BINGHAMTON, NY 13902	***************************************	-**-*豊存生や女(3)	29,958.	.0			PROMISE ZONE FAMILY ENGAGEMENT AND COMMUNITY CAFE PROGRAM
RISE NY, SOS SHELTER, INC. PO BOX 393 ENDICOTT, NY 13761	***	-**_*\$\$\$\$\$(3)	.000,07	0.			RESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE
RURAL HEALTH OF SOUTH CENTRAL NEW YORK - 455 COURT STREET - BINGHAMTON, NY 13904	***************************************	*-**-	76,637.	0			GENERAL, USE
SALVATION ARMY BINGHAMTON CORP 131 WASHINGTON STREET BINGHAMTON, NY 13901	*	-**-* \$\$\$ *(3)	27,894.	0			EMERGENCY FAMILY ASSISTANCE, YOUTH AND ADULT SERVICES
VOLUNTEERS IMPROVING NEIGHBORHOODS 42 CHENANGO STREET BINGHAMTON, NY 13901	*-**	-**-*BOIRCO*(3)	37,000.	0			GENERAL USE
YMCA OF BINGHAMTON 61 SUSQUEHANNA ST BINGHAMTON, NY 13901	**	-**-**********************************	253,000.	.0			CHILD CARE, SENIOR AND YOUTH WELLNESS PROGRAMS
NGHAM ST NY	*	(m)** む** H もあ** - * *	. 56,703.	0.			SCHOOL AGE CHILD CARE, FULL DAY CHILD CARE, ENCORE PLUS
NEW YORK COUNCIL OF NOT FOR PROFITS - 272 BROADWAY - ALBANY, NY 12204	·-***:	- * * * * * * * * * * * * * * * * * * *	15,000.	.0			CAPACITY
							Schedule I (Form 990)

INC. UNITED WAY OF BROOME COUNTY,

Schedule I (Form 990) (2018) UNITED WAY OF BROOME COUNTY, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(d) Amount of non- (e) Method of valuation (f) Description of noncash assistance cash assistance			(b); and any other additional information.		FOR ALL PARTNER AGENCIES	E OF GRANTS AND REPORTS		
(c) Amount of cash grant			ie 2; Part III, column			OF THE USI		
(b) Number of recipients			quired in Part I, lin		ALLOCATION SCHEDULE	PS TRACK	BASIS.	
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	PART I, LINE 2:	FINANCE COMMITTEE APPROVES THE ALL	EACH YEAR. DIRECTOR OF FINANCE KEEPS TRACK OF THE USE OF GRANTS AND REPORTS	3 1	

COLUMN (H): LINE 1, PART II, NAME OF ORGANIZATION OR GOVERNMENT: BROOME COUNTY URBAN LEAGUE

SUMMER ENRICHMENT (H) PURPOSE OF GRANT OR ASSISTANCE: AFTER SCHOOL AND

AND MEDIA MEETING THE TECHNOLOGY WORK READINESS PROGRAM, YOUTH PROGRAMS,

832102 11-02-18

Schedule I (Form 990) (2018)

Schedule I (Form 990) UNITED WAY OF BROOME COUNTY, INC. Page 2 Part IV Supplemental Information
COMMUNICATIONS.
NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES OF BROOME COUNTY (H) PURPOSE OF GRANT OR ASSISTANCE: PREGNANCY, PARENTING & ADOPTION, EMERGENCY ASSISTANCE PROGRAM, FAMILY COUNSELING PROGRAMS
EMERGENCI ASSISIANCE INCORMI, ITEMINI COORDINATE INCOME
NAME OF ORGANIZATION OR GOVERNMENT: MENTAL HEALTH ASSOCIATION (H) PURPOSE OF GRANT OR ASSISTANCE: COMPEER YOUTH MENTORING, CCSI
(COORDINATED CHILDREN'S SERVICE INITIATIVE) FOCUS PROGRAM, RURAL BEAR PROGRAM
,

SCHEDULE 0

(Form 990 or 990-EZ)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 **2018**Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number ** - * * * * * * *

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COUNTY. FOR NEARLY 100 YEARS, UNITED WAY OF BROOME COUNTY HAS IMPROVED

CONDITIONS IN THE COMMUNITY TO HELP OUR FRIENDS AND NEIGHBORS LEAD MORE

SUCCESSFUL LIVES. OUR MISSION IS TO DRIVE CHANGE THAT WILL HAVE

POSITIVE IMPACT ON THE CRITICAL NEEDS OF OUR COMMUNITY BY STRATEGICALLY

LEVERAGING THE COLLECTIVE RESOURCES OF COMMUNITY PARTNERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHANGE THAT WILL HAVE POSITIVE IMPACT ON THE CRITICAL NEEDS OF OUR

COMMUNITY BY STRATEGICALLY LEVERAGING THE COLLECTIVE RESOURCES OF

COMMUNITY PARTNERS.

THE HEALTHY LIFESTYLES COALITION GRANT PROGRAM, AND THE CAPACITY

BUILDING GRANT PROGRAM. COMMUNITY VOLUNTEERS SERVE ON IMPACT COUNCILS

AND MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS REGARDING THE

DISBURSEMENT OF FUNDS RAISED IN THE ANNUAL COMMUNITY CAMPAIGN TO FUNDED

COMMUNITY PARTNERS THROUGH THE LISTED GRANT PROGRAMS. FUND USES ARE

MONITORED TO ENSURE UTILIZATION MEETS HIGH STANDARDS, SET GOALS ARE

ACHIEVED, AND IMPACT IS ATTAINED. PERIODIC PROGRAM AND FINANCIAL

REPORTS OF FUNDED COMMUNITY PARTNERS ARE SUBMITTED FOR REVIEW BY THE

COMMUNITY IMPACT & INITIATIVES PROGRAMS UNDERSTAND COMMUNITY NEEDS, ARE

AWARE OF COMMUNITY RESOURCES, AND HAVE KNOWLEDGE OF LOCAL AND NATIONAL

BEST PRACTICE STRATEGIES. BY LEVERAGING AND ALIGNING UNITED WAY OF

BROOME COUNTY'S UNIQUE STRENGTHS AND ABILITIES, COMMUNITY IMPACT &

INITIATIVES PROGRAMS ENGAGE IN RELATIONSHIPS AND PARTNERSHIPS, AND

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number
MEASURE RESULTS, ENSURING THE HIGHEST LEVEL OF ACCOUNTABIL	ITY,
INTEGRITY, AND IMPACT.	
FORM 990, PART VI, SECTION A, LINE 2:	
SEVERAL BOARD MEMBERS WORKED IN THE FINANCIAL INSTITUTE TH	AT PROVIDED TRUST
SERVICES TO THE ORGANIZATION, BUT NONE OF THEM HAD DIRECT	RESPONSIBILITY
REGARDING THE TRUST SERVICES. SEVERAL BOARD MEMBERS AREA A	LSO ON THE BOARDS
OF MEMBER AGENCIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
IT WILL BE REVIEWED BY THE FINANCE COMMITTEE AND THEN THE	BOARD, AS WELL AS
MANAGEMENT.	
FORM 990, PART VI, SECTION B, LINE 12C:	·
ENFORCEMENT OF CONFLICTS OF INTEREST POLICY. AFTER THE ANN	TUAL MEETING EACH
YEAR, BOARD MEMBERS ARE GIVEN A COPY OF THE CODE OF ETHICS	WHICH THEY ARE
READ AND SIGN OFF ON, AS WELL AS COMPLETE A FORM LISTING A	NY POSSIBLE
CONFLICTS OF INTEREST AS DEFINED IN THE CODE OF ETHICS. TH	IESE FORMS MUST BE
RETURNED TO UNITED WAY STAFF.	
FORM 990, PART VI, SECTION B, LINE 15:	
TOP OFFICIAL-EXECUTIVE COMPENSATION REVIEW IS COMPLETED BY	
COMPARED TO WAGE STUDY. OFFICERS AND KEY EMPLOYEES REVIEW	
EXECUTIVE DIRECTOR AND SALARY IS COMPARED TO WAGE STUDY.	
FORM 990, PART VI, SECTION C, LINE 19:	
ON SITE INSPECTION AND WEBSITE AND BY REQUEST	

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number * * - * * * * *
PART XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	
	A SAME OF THE SAME
	·

Form **8868**

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Communic	, tot willion all oxecition to quote that be selle to alle		,				
filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-charit	ties-and-no	on-profits.				
Automa	ttic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				
All corpora	ations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnersh	ips, REMICs	, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax returi	ns.				
				Enter file	r's identifying n	umber	
Type or					Employer identification number (EIN) or		
print	Maino of oxompt organization of care most, each most of care most of c						
princ	UNITED WAY OF BROOME COUNTY, INC.				**_****		
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.			Social sec	ocial security number (SSN)		
filing your	PO BOX 550						
return, See instructions,	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BINGHAMTON, NY 13902-0550						
Enter the Return Code for the return that this application is for (file			te application for each return)		<u> 0 1 1 </u>		
Application		Return	Application			Return	
Is For		Code	Is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 4720 (individual)		03	Form 4720 (other than individual)			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
	JENNIFER LINDSA		10050				
The bo	ooks are in the care of 101 JENSEN RD -	- VEST					
Teleph	one No. ► 607-240-2004		Fax No. 🕨			. —	
	organization does not have an office or place of business						
If this i	s for a Group Return, enter the organization's four digit (
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs	of all member	ers the extension	is for.	
•		3633	7 15 2020 .	en 11			
1 I request an automatic 6-month extension of time until MAY 15, 2020 , to file the exempt organization						eturn for	
the organization named above. The extension is for the organization's return for: Calendar year or							
							▶ L
		Final return	n				
The tax your officed in line 1 to tell look attain 12 mentals, even							
L_	_ Change in accounting period						
20 If th	sis application is for Forms 990-BL 990-PE 990-T 4720	or 6069 e	enter the tentative tax, less				
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c_	\$	0.	
O!!	If you are going to make an electronic funds withdrawal			8453-FO an	d Form 8879-FO	for payment	

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

Form 8868 (Rev. 1-2019)

instructions.