

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF BROOME COUNTY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 550 City or town, state or province, country, and ZIP or foreign postal code BINGHAMTON, NY 13902-0550 F Name and address of principal officer: LORIANNE WELCH SAME AS C ABOVE	D Employer identification number 15-0564074 E Telephone number 607-240-2000 G Gross receipts \$ 19,020,292. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UWBROOME.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1954
		M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO DRIVE CHANGE THAT WILL HAVE A POSITIVE IMPACT ON THE CRITICAL NEEDS OF OUR COMMUNITY BY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	25
	6	Total number of volunteers (estimate if necessary)	6	1100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	2,306,350.	1,980,669.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,065,028.	5,029,547.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,171.	11,057.
12			3,387,549.	7,021,273.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,988,249.	2,125,259.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,138,114.	1,110,739.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 329,636.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,062,341.	768,903.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,188,704.	4,004,901.
	19	Revenue less expenses. Subtract line 18 from line 12	-801,155.	3,016,372.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	31,741,538.	37,693,317.
	22	Net assets or fund balances. Subtract line 21 from line 20	482,468.	316,450.
	22		31,259,070.	37,376,867.

Part II Signature Block

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

Sign Here	Signature of officer LORIANNE WELCH, EXECUTIVE DIRECTOR Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name SHANNON T. FORKIN, CPA	Preparer's signature SHANNON T. FORKIN, C	Date 11/08/21	Check if self-employed <input type="checkbox"/>	PTIN P00973625
	Firm's name ▶ DANNIBLE & MCKEE, LLP	Firm's EIN ▶ 33-0996661	Phone no. 315-472-9127		
	Firm's address ▶ 221 SOUTH WARREN ST. SYRACUSE, NY 13202				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO DRIVE CHANGE THAT WILL HAVE A POSITIVE IMPACT ON THE CRITICAL NEEDS OF THE BROOME COUNTY COMMUNITY BY STRATEGICALLY LEVERAGING THE COLLECTIVE RESOURCES OF COMMUNITY PARTNERS. THE ORGANIZATION ASSESSES COMMUNITY NEEDS, SOLICITS PUBLIC CONTRIBUTIONS, AND ALLOCATES THESE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No 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 \$ 2,630,894. including grants of \$ 2,125,259.) (Revenue \$) 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, THE ORGANIZATION SUPPORTS 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 FAMILIES, AND ACHIEVE COMMUNITY-LEVEL CHANGE THROUGH THE HEALTHY 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

4b (Code:) (Expenses \$ 298,934. 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 ASSISTANCE, EMPLOYMENT SERVICES, VETERAN SERVICES, CHILDCARE, CRISIS, AND EMERGENCY COUNSELING, DISASTER RELIEF AND MORE, THROUGH ONLINE, EXTENSIVE DATABASE OF MORE THAN 6,000 RESOURCES, AGENCIES, AND PROGRAM INFORMATION.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,929,828.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORIANNE WELCH EXECUTIVE DIRECTOR	37.50			X			86,457.	0.	16,398.	
(2) ZACHARY MAJKA PRESIDENT	2.00	X		X			0.	0.	0.	
(3) GREG LESKO VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) ANN MCNICHOLS VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) SEAN BRITTON SECRETARY	2.00	X		X			0.	0.	0.	
(6) BRIAN DEBOYACE TREASURER	2.00	X		X			0.	0.	0.	
(7) NICHOLAS SPENCER ASSISTANT TREASURER	2.00	X		X			0.	0.	0.	
(8) JAMES MCDUFFEE PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(9) RACHEL ABBOT DIRECTOR	2.00	X					0.	0.	0.	
(10) DEBBIE ANDRAKO DIRECTOR	2.00	X					0.	0.	0.	
(11) FRANCIS BATTISTI (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(12) DORIS CHEUNG DIRECTOR	2.00	X					0.	0.	0.	
(13) DENISE COOK DIRECTOR	2.00	X					0.	0.	0.	
(14) DESIREE FORD DIRECTOR	2.00	X					0.	0.	0.	
(15) LESLEY FREY DIRECTOR	2.00	X					0.	0.	0.	
(16) ROBERT MURPHY DIRECTOR	2.00	X					0.	0.	0.	
(17) MICHAEL PONTICIELLO DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMAR RAI DIRECTOR	2.00	X						0.	0.	0.
(19) LISA SCHUHLE DIRECTOR	2.00	X						0.	0.	0.
(20) DR. NICOLE SIRJU-JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(21) JOHN STEVENS (THRU SEPT) DIRECTOR	2.00	X						0.	0.	0.
(22) JON TOOLEY DIRECTOR	2.00	X						0.	0.	0.
(23) MARY ANN WILCOX (THRU SEPT) DIRECTOR	2.00	X						0.	0.	0.
(24) REV. KELLIE WOFFORD DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								86,457.	0.	16,398.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								86,457.	0.	16,398.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,450,242.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 395,618.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 134,809.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 68,417.				
	h	Total. Add lines 1a-1f		1,980,669.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		725,310.		725,310.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				16,303,256.			
	b	Less: cost or other basis and sales expenses	7b 11,999,019.				
c	Gain or (loss)	7c 4,304,237.					
d	Net gain or (loss)		4,304,237.		4,304,237.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SERVICES FEES	900099	6,728.		6,728.	
	b	OTHER INCOME	900099	4,329.		4,329.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		11,057.			
12	Total revenue. See instructions		7,021,273.	0.	0.	5,040,604.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,125,259.	2,125,259.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	98,902.	41,440.	16,188.	41,274.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	844,617.	353,894.	314,988.	175,735.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,502.	6,915.	5,792.	3,795.
9 Other employee benefits	62,865.	26,340.	22,065.	14,460.
10 Payroll taxes	87,853.	36,810.	30,837.	20,206.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,850.		1,850.	
c Accounting	24,325.		24,325.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	143,543.		143,543.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	51,690.	5,766.	45,924.	
12 Advertising and promotion	59,473.	11,657.	43,144.	4,672.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	29,337.	12,292.	10,297.	6,748.
17 Travel	2,366.	210.	1,885.	271.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,533.	2,491.	8,042.	
20 Interest	4,598.		4,598.	
21 Payments to affiliates	41,382.	17,339.	14,525.	9,518.
22 Depreciation, depletion, and amortization	34,858.	14,606.	12,235.	8,017.
23 Insurance	16,127.	6,757.	5,661.	3,709.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & PROGRAM COST	252,016.	233,018.	5,544.	13,454.
b DUES AND SUBSCRIPTIONS	46,327.	19,523.	15,519.	11,285.
c BANK FEES	13,462.	26.	396.	13,040.
d TELEPHONE	11,678.	5,471.	3,750.	2,457.
e All other expenses	25,338.	10,014.	14,329.	995.
25 Total functional expenses. Add lines 1 through 24e	4,004,901.	2,929,828.	745,437.	329,636.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	494,719.	1	626,650.
	2 Savings and temporary cash investments	818,898.	2	1,430,599.
	3 Pledges and grants receivable, net	705,481.	3	501,667.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,920.	9	23,565.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,138,131.		
	b Less: accumulated depreciation	10b 787,997.	379,504.	10c 350,134.
	11 Investments - publicly traded securities	29,032,867.	11	34,415,413.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	284,149.	15	345,289.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,741,538.	16	37,693,317.	
Liabilities	17 Accounts payable and accrued expenses	473,670.	17	313,657.
	18 Grants payable		18	
	19 Deferred revenue	6,177.	19	2,793.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,621.	25	0.
	26 Total liabilities. Add lines 17 through 25	482,468.	26	316,450.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,288,825.	27	26,320,482.
	28 Net assets with donor restrictions	10,970,245.	28	11,056,385.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,259,070.	32	37,376,867.
33 Total liabilities and net assets/fund balances	31,741,538.	33	37,693,317.	

Part XI Reconciliation of Net Assets

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

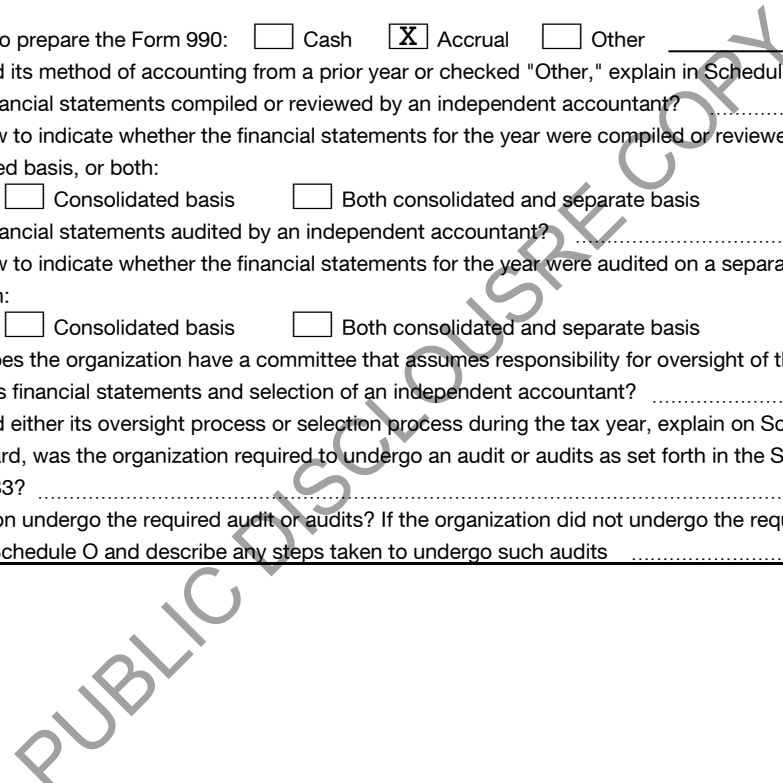
1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,021,273.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,004,901.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,016,372.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,259,070.
5	Net unrealized gains (losses) on investments	5	3,101,425.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	37,376,867.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
 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? _____
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

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



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2409470.	2245340.	2680147.	2306350.	1980669.	11621976.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2409470.	2245340.	2680147.	2306350.	1980669.	11621976.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11621976.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2409470.	2245340.	2680147.	2306350.	1980669.	11621976.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	579,698.	454,186.	553,391.	620,857.	725,310.	2933442.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				16,171.	11,057.	27,228.
11 Total support. Add lines 7 through 10						14582646.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	79.70 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	80.27 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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 below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

SERVICE FEES

2019 AMOUNT: \$ 9,358.

2020 AMOUNT: \$ 6,728.

OTHER INCOME

2019 AMOUNT: \$ 6,813.

2020 AMOUNT: \$ 4,329.

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Schedule B

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

Department of the Treasury
Internal Revenue Service

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

2020

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For 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

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

Name of organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number 15-0564074
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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	<hr/> <hr/> <hr/>	\$ <u>282,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>81,516.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>52,515.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>85,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>45,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>75,016.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number 15-0564074
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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	<hr/> <hr/> <hr/>	\$ <u>52,548.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

PUBLIC DISCLOSURE COPY

Name of organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number 15-0564074
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part 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
6	180 SHARES OF FACEBOOK _____ _____ _____	\$ 50,016.	12/30/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

PUBLIC DISCLOSURE COPY

Name of organization UNITED WAY OF BROOME COUNTY, INC.	Employer identification number 15-0564074
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<hr/> <hr/> <hr/>		<hr/> <hr/> <hr/>	

PUBLIC DISCLOSURE COPY

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

2020

Open to Public Inspection

Name of the organization UNITED WAY OF BROOME COUNTY, INC. Employer identification number 15-0564074

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register), and questions about monitoring, expenses, and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,861,768.	29,382,998.	29,023,530.	27,678,478.	26,800,659.
b Contributions	25,658.	282,401.	25,044.	132,728.	23,125.
c Net investment earnings, gains, and losses	7,926,289.	1,720,491.	2,003,870.	2,579,841.	1,436,455.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,439,107.	1,524,122.	1,669,446.	1,367,517.	581,761.
f Administrative expenses					
g End of year balance	35,374,608.	29,861,768.	29,382,998.	29,023,530.	27,678,478.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 69.8800 %
 - b Permanent endowment %
 - c Term endowment 30.1200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,881.		12,881.
b Buildings		847,783.	544,530.	303,253.
c Leasehold improvements				
d Equipment		183,629.	153,201.	30,428.
e Other		93,838.	90,266.	3,572.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				350,134.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	10,014,337.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,101,425.	
b	Donated services and use of facilities	2b	35,182.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	3,136,607.	
3	Subtract line 2e from line 1	3	6,877,730.	
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		
b	Other (Describe in Part XIII.)	4b	143,543.	
c	Add lines 4a and 4b	4c	143,543.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	7,021,273.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	3,896,540.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	35,182.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	35,182.	
3	Subtract line 2e from line 1	3	3,861,358.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	143,543.	
c	Add lines 4a and 4b	4c	143,543.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,004,901.	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ORGANIZATION INTENDS TO PRESERVE THE LONG-TERM, REAL PURCHASING POWER OF ASSETS WHILE PROVIDING A RELATIVELY PREDICTABLE AND GROWING STREAM OF ANNUAL DISTRIBUTIONS IN SUPPORT OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION HAS REVIEWED ITS OPERATIONS FOR UNCERTAIN TAX POSITIONS AND BELIEVES THERE ARE NO SIGNIFICANT EXPOSURES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL STATEMENTS

143,543.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL

STATEMENTS

143,543.

PUBLIC DISCLOSURE COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **UNITED WAY OF BROOME COUNTY, INC.** Employer identification number **15-0564074**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCORD, A CENTER FOR DISPUTE RESOLUTION, INC - 350 STATE STREET - BINGHAMTON, NY 13901	16-1182234	501(C)(3)	30,600.	0.			DETERMINED TO SUCCEED/COURT APPOINTED SPECIAL ADVOCATES (CASA)
ACTION FOR OLDER PERSONS, INC 200 PLAZA DRIVE VESTAL, NY 13850	23-7060657	501(C)(3)	70,287.	0.			HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM
AMERICAN CIVIC ASSOCIATION 131 FRONT STREET BINGHAMTON, NY 13905	15-0539034	501(C)(3)	48,338.	0.			IMMIGRANT SOCIAL SERVICES PROGRAM
AMERICAN RED CROSS SOUTHERN TIER CHAPTER - 620 E MAIN STREET - ENDICOTT, NY 13760	53-0196605	501(C)(3)	71,500.	0.			DISASTER SERVICES
BIG BROTHERS BIG SISTERS OF TWIN TIERS - 10 PARK STREET, SUITE 2 - TOWANDA, PA 18848-1839	23-2667343	501(C)(3)	45,000.	0.			COMMUNITY BASED MENTORING PROGRAM
BOY SCOUTS - BADEN POWELL COUNCIL 2150 STATE ROUTE 12 BINGHAMTON, NY 13901	15-0536607	501(C)(3)	25,000.	0.			CLEANING AND SUPPLIES COSTS FOR SUMMER AND FALL PROGRAMS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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 & GIRLS CLUB OF BINGHAMTON 90 CLINTON STREET BINGHAMTON, NY 13905	15-0539040	501(C)(3)	126,244.	0.			CAMP SERTOMA, TEEN CENTER, MAIN UNIT, FUN CLUB STAFF
BROOME COUNTY GANG PREVENTION 45 EXCHANGE STREET BINGHAMTON, NY 13901	47-0878897	501(C)(3)	34,499.	0.			AFTERSCHOOL AND SUMMER PROGRAM
BROOME-TIOGA NAACP P.O. BOX 741 BINGHAMTON, NY 13902	16-1424076	501(C)(3)	5,318.	0.			YOUTH EMPLOYMENT PREPARATION PROGRAM
CATHOLIC CHARITIES FOOD BANK OF THE SOUTHERN TIER - 388 UPPER OAKWOOD AVE - ELMIRA, NY 14903	20-8808059	501(C)(3)	27,000.	0.			MOBILE FOOD PANTRY, AND LICENSING FEES/ P2 TRANSITION 10% SELF HOSTING FEE 1 OF 3
CATHOLIC CHARITIES OF BROOME 232 MAIN STREET BINGHAMTON, NY 13905	16-1170407	501(C)(3)	126,400.	0.			TEEN TRANSITIONAL LIVING PROGRAM, COMMUNITY EMPOWERMENT CENTER, FOOD PANTRY SYSTEM
CHILDREN'S HOME OF WYOMING CONF 1182 CHENANGO ST BINGHAMTON, NY 13901	15-0532090	501(C)(3)	58,865.	0.			SOUTHERN TIER COMMUNITY AQUATICS PROGRAM
COORDINATED CARE SERVICES, INC. 1099 JAY STREET ROCHESTER, NY 14611	22-2573042	501(C)(3)	11,150.	0.			RELOCATION ASSISTANCE PROGRAM
CORNELL COOPERATIVES EXTENSION OF BROOME COUNTY - 840 UPPER FRONT STREET - BINGHAMTON, NY 13902	16-6072872	501(C)(3)	27,686.	0.			HLC NUTRITION/STEM/PARENTING EDUCATION, & 4-H YOUTH DEVELOPMENT PROGRAM
COUNCIL OF CHURCHES - BROOME 3 OTSENINGO STREET BINGHAMTON, NY 13903	15-0547374	501(C)(3)	62,392.	0.			NORTHSIDE MARKET, PURCHASE OF SHELF-STABLE FOOD FOR CHOW, & WHEELCHAIR PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
CRIME VICTIMS ASSISTANCE CENTER 377 ROBINSON STREET BINGHAMTON, NY 13904	16-1277309	501(C)(3)	44,930.	0.			BROOME COUNTY CHILD ADVOCACY CENTER
DEPOSIT COMMUNITY CENTER DBA WILSON CHILDREN'S CENTER - 61 FRONT STREET - DEPOSIT, NY 13754	16-1570979	501(C)(3)	37,200.	0.			WILSON CHILDREN'S CENTER
DEPOSIT FOUNDATION, INC 119 FRONT STREET DEPOSIT, NY 13754	22-3073647	501(C)(3)	22,278.	0.			VOLUNTEER TRANSPORTATION PROGRAM
FAMILY AND CHILDREN'S SOCIETY 257 MAIN STREET BINGHAMTON, NY 13905	15-0627799	501(C)(3)	30,000.	0.			SCHOOL BASED MENTAL HEALTH SERVICES
FAMILY COUNSELING SERVICES OF CORTLAND COUNTY - 165 MAIN STREET, SUITE A - CORTLAND, NY 13045	16-0975006	501(C)(3)	6,500.	0.			TECHNOLOGY MERGER
FAMILY ENRICHMENT NETWORK OF BROOME - 24 CHERRY STREET - JOHNSON CITY, NY 13790	16-1113373	501(C)(3)	8,750.	0.			SECOND STEP - MENTAL HEALTH CONSULTATION
FAMILY PLANNING OF SOUTH CENTRAL NY - 117 HAWLEY STREET - BINGHAMTON, NY 13901	16-1005972	501(C)(3)	49,903.	0.			ACCESS TO HEALTHCARE, TEEN PREGNANCY PREVENTION, HVAC REPLACEMENT GRANT, &
FENTON FREE LIBRARY 1062 CHENANGO STREET BINGHAMTON, NY 13901	16-0873606	501(C)(3)	15,000.	0.			CAPACITY BUILDING GRANT
FIRST PRESBYTERIAN CHURCH OF JOHNSON CITY - 2 MAIN STREET - JOHNSON CITY, NY 13790	15-0621821	501(C)(3)	57,194.	0.			HUNGER OUTREACH/THIS DAY PROJECT, & OUTREACH COORDINATOR SALARY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
HELPING CELEBRATE ABILITIES 18 BROAD STREET JOHNSON CITY, NY 13790	15-0516395	501(C)(3)	31,771.	0.			DEVELOPMENTAL SCREENING PROGRAM, & AIR FILTRATION SYSTEMS
JEWISH COMMUNITY CENTER 500 CLUBHOUSE ROAD VESTAL, NY 13850	15-0547107	501(C)(3)	120,400.	0.			EARLY CHILDHOOD CENTER AND KID CONNECTION
LIFE CHOICES CENTER, INC. 93 OAK STREET BINGHAMTON, NY 13905	16-1498124	501(C)(3)	17,230.	0.			PARKING LOT MAINTENANCE, LAPTOP, ZOOM LICENSE, VIRTUAL PROGRAMMING AND BABY SUPPLIES
LITERACY VOLUNTEERS OF BROOME-TIOGA - 185 COURT STREET - BINGHAMTON, NY 13901	16-6182852	501(C)(3)	16,575.	0.			PARENT EDUCATION CENTER
MENTAL HEALTH ASSOCIATION OF THE SOUTHERN TIER - 47 BROAD AVENUE - BINGHAMTON, NY 13904	15-0615081	501(C)(3)	44,900.	0.			FAMILY PEER SUPPORT SERVICES, COMPEER YOUTH MENTORING (CYM) AND RURAL BEAR PROGRAM
MOTHERS AND BABIES PERINATAL NETWORK OF SCNY, INC - 457 STATE STREET - BINGHAMTON, NY 13901	16-1478905	501(C)(3)	56,000.	0.			BINGHAMTON PAL RESOURCE CENTER
NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	15,000.	0.			CAPACITY BUILDING PROGRAM
PAL OF BINGHAMTON NY PO BOX 1472 BINGHAMTON, NY 13902	15-0616900	501(C)(3)	20,000.	0.			CAMP ROOF REPAIR AND BUSING COSTS
RISE NY AKA SOS SHELTER P.O. BOX 6000 ENDICOTT, NY 13761	16-1119831	501(C)(3)	56,725.	0.			RESIDENTIAL AND NON-RESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part 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
RURAL HEALTH NETWORK OF SOUTH CENTRAL NY - 455 COURT STREET - BINGHAMTON, NY 13904	22-3568461	501(C)(3)	62,306.	0.			LOCAL FOODS FOR HEALTH PROJECT AND CONNECTION TO CARE
SALVATION ARMY BINGHAMTON 131 WASHINGTON STREET BINGHAMTON, NY 13901	13-5562351	501(C)(3)	29,000.	0.			PATHWAY OF HOPE AND BASIC NEEDS ASSISTANCE
SOUTHERN TIER INDEPENDENCE CENTER 135 E FREDERICK STREET BINGHAMTON, NY 13904	16-1204347	501(C)(3)	26,500.	0.			OFFER ASSISTANCE, ADVOCACY AND SERVICES TO CHILDREN WITH ALL DISABILITIES
STAND WITH ME ASSISTANCE DOG TEAM TRAINING - 650 HANCE ROAD - BINGHAMTON, NY 13903	81-3933303	501(C)(3)	10,000.	0.			VETERAN SERVICE-DOG TRAINING
UNION-ENDICOTT SCHOOL DISTRICT 1100 E MAIN STREET ENDICOTT, NY 13760	15-6002204	501(C)(3)	17,500.	0.			UNITED WE STAND FUNDING FOR COMMUNITY CENTER/ BEFORE AND AFTER SCHOOL CARE
URBAN LEAGUE, INC. 43-45 CARROLL ST BINGHAMTON, NY 13901	15-0547362	501(C)(3)	20,000.	0.			AFTER SCHOOL/ SUMMER ENRICHMENT INCLUSION PROGRAM
VOLUNTEERS IMPROVING NEIGHBORHOOD ENVIRONMENTS, INC - P.O. BOX 3104 - BINGHAMTON, NY 13902-3104	27-2617454	501(C)(3)	80,788.	0.			FARM SHARE, WELLNESS WAGON, GROW BINGHAMTON AND EDUCATIONAL SUPPORT
VOLUNTEERS OF AMERICA OF WESTERN NY - 214 LAKE AVE - ROCHESTER, NY 14608	16-6011713	501(C)(3)	40,000.	0.			EMERGENCY SHELTER FOR MEN
WINDSOR CENTER SCHOOL DISTRICT 1191 NY ROUTE 79 WINDSOR, NY 13865	15-6002440	501(C)(3)	9,180.	0.			TENT RENTAL AND INSULATED FOOD BAGS

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:

THE FINANCE COMMITTEE APPROVES THE ALLOCATION SCHEDULE FOR ALL PARTNER AGENCIES EACH YEAR. THE DIRECTOR OF FINANCE KEEPS TRACK OF THE USE OF GRANTS AND REPORTS TO THE FINANCE COMMITTEE ON A MONTHLY BASIS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY PLANNING OF SOUTH CENTRAL NY

(H) PURPOSE OF GRANT OR ASSISTANCE: ACCESS TO HEALTHCARE, TEEN PREGNANCY PREVENTION, HVAC REPLACEMENT GRANT, & REPLACE RTU

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

YOUNG WOMENS CHRISTIAN ASSOCIATION OF BINGHAMTON AND BROOME COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: YOUNG WONDERS EARLY CHILDHOOD

CENTER, SENIOR WELLNESS PROGRAM, SCHOOL AGED CHILD CARE, & WASHER & DRYER

PLACEMENT

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **UNITED WAY OF BROOME COUNTY, INC.** Employer identification number **15-0564074**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	64,217.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ALARM SYSTEM)	X	1	4,200.	COST
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2020

Open to Public
Inspection

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

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

STRATEGICALLY LEVERAGING THE COLLECTIVE RESOURCES OF COMMUNITY
PARTNERS.

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

FUNDS TO PROGRAMS OF PARTNER AGENCIES THAT MEET IDENTIFIED NEEDS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAM, 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 FUNDS RAISED IN THE ANNUAL COMMUNITY CAMPAIGN TO
FUNDED COMMUNITY PARTNERS THROUGH THE LISTED GRANT PROGRAMS. FUNDS USED
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 AND INITIATIVES TEAM, IMPACT COUNCILS, AND THE BOARD
OR DIRECTORS. COMMUNITY IMPACT AND INITIATIVES PROGRAMS UNDERSTAND
COMMUNITY NEEDS, ARE AWARE OF COMMUNITY RESOURCES, AND HAVE KNOWLEDGE
OF LOCAL AND NATIONAL BEST PRACTICE STRATEGIES. BY LEVERAGING AND
ALIGNING THE ORGANIZATION'S UNIQUE STRENGTHS AND ABILITIES, COMMUNITY
IMPACT & INITIATIVES PROGRAMS ENGAGE IN RELATIONSHIPS AND PARTNERSHIPS,
AND MEASURE RESULTS, ENSURING THE HIGHEST LEVEL OF ACCOUNTABILITY,
INTEGRITY, AND IMPACT.

FORM 990, PART VI, SECTION A, LINE 2:

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

SEVERAL BOARD MEMBERS WORKED IN THE FINANCIAL INSTITUTION THAT PROVIDED TRUST SERVICES TO THE ORGANIZATION, BUT NONE OF THEM HAD DIRECT RESPONSIBILITY REGARDING THE TRUST SERVICES. SEVERAL BOARD MEMBERS ARE ALSO ON THE BOARDS OF MEMBER AGENCIES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WILL BE REVIEWED BY THE FINANCIAL COMMITTEE, THE BOARD, AND MANAGEMENT BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

ENFORCEMENT OF CONFLICTS OF INTEREST POLICY: AFTER THE ANNUAL MEETING EACH YEAR, BOARD MEMBERS ARE GIVEN A COPY OF THE CODE OF ETHICS, WHICH THEY READ AND SIGN OFF ON, AS WELL AS COMPLETE A FORM LISTING ANY POSSIBLE CONFLICTS OF INTEREST AS DEFINED IN THE CODE OF ETHICS. THESE FORMS MUST BE RETURNED TO UNITED WAY STAFF.

FORM 990, PART VI, SECTION B, LINE 15:

TOP OFFICIAL-EXECUTIVE COMPENSATION REVIEW IS COMPLETED BY ASC AND WAGE IS COMPARED TO WAGE STUDY. OFFICERS AND KEY EMPLOYEE COMPENSATION REVIEW IS COMPLETED BY THE EXECUTIVE DIRECTOR, AND SALARY IS COMPARED TO WAGE STUDY.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS AND FINANCIALS STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS OF THE AUDIT OR THE SELECTION PROCESS OF AN INDEPENDENT ACCOUNTANT DURING THE TAX YEAR.

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

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Contact Information**Filing Year**

2020

Charity Name

UNITED WAY OF BROOME COUNTY INC

NY Registration Number

00-44-78

Registration Category

DUAL

Has the organization's name changed since its last filing?

No

EIN

150564074

Organization Type

Corporation

What is the organization's IRS tax exemption status?

501(c)(3)

Fiscal year end

06/30

Has the fiscal year end changed?

No

Organization Email

info@uwbroome.org

Organization's phone number

607-240-2000

Website

www.uwbroome.org

Address**Organizations Mailing Address**

P.O. Box 550, Binghamton, NY 13902-0550, UNITED STATES

Has the address for the organization changed since the last filing?

No

Is the Primary or Principal address the same as the Mailing address?

Yes

Primary Contact Information**First Name**

Lorianne

Last Name

Welch

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Title

Executive Director

Email

lwelch@uwbroome.org

Phone

607-240-2000

3rd Party Preparer

Are you a third-party preparer?

Yes

First Name

Shannon

Last Name

Forkin

Title

CPA

Firm Name

Dannible & McKee, LLP

Phone

315-472-9127

Email

sforkin@dmcpas.com

Address

221 South Warren Street, Syracuse, NY 13202, United States

Statute

Does the organization conduct activity in New York State (other than soliciting)? This may include, but is not limited to, maintaining an office, having employees, or running a program.

Yes

Does the organization have assets in New York State?

Yes

Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations or government agencies?

Yes

Does the organization use a professional fundraiser or fundraising counsel?

No

Annual Exemption

Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?

No

Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?

No

Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?

No

Based on your responses to the annual exemption questions, this organization is required to file under both "**Executive Law 7-A and The Estates, Powers & Trusts Law 8-1.4 (DUAL)**" during this fiscal year.

Financial Information

Which IRS form does your organization use?

IRS990

Enter organization's total contributions

1,980,669

Enter organization's total revenue

7,021,273

Enter organization's net assets

37,376,867

For the current filing year, will your organization complete any of the following with its Charities Bureau registration?

None of the above

Filing Information

Did the organization use a professional fundraiser or fundraising counsel to solicit contributions in New York State?

No

Did the organization receive government grants during this fiscal year?

Yes

Name of Government Agency

City of Binghamton

Grant Amount

\$7,067.00

Name of Government Agency

New York State Anti Poverty

Grant Amount

\$282,035.00

Name of Government Agency

New York State Department of Health

Grant Amount

\$81,516.00

Name of Government Agency

IRS VITA Grant Program

Grant Amount

\$25,000.00

Documents

File Name	Document Type
United Way of Broome County 2021 FS.pdf	AUDIT
2020 Form 990 - United Way of Broome County, Inc.pdf	IRS
2020 Schedule B - United Way of Broome County, Inc.pdf	OTHER

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