

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- 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.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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		D Employer identification number 15-0564074
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 550	E Telephone number 607-240-2000	
	City or town, state or province, country, and ZIP or foreign postal code BINGHAMTON, NY 13902-0550		G Gross receipts \$ 18,643,931.
	F Name and address of principal officer: LORIANNE WELCH SAME AS C ABOVE		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

Activities & Governance	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.		
	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 2019 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	3781
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,680,147.	2,306,350.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,293.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,716,850.	1,065,028.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,292.	16,171.
		4,427,582.	3,387,549.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,859,470.	1,988,249.
	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)	1,191,970.	1,138,114.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 352,966.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,238,518.	1,062,341.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,289,958.	4,188,704.	
19 Revenue less expenses. Subtract line 18 from line 12	137,624.	-801,155.	
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)	31,836,375.	31,741,538.
	22 Net assets or fund balances. Subtract line 21 from line 20	558,197.	482,468.
		31,278,178.	31,259,070.

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	Date			
	LORIANNE WELCH, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SHANNON T. FORKIN, CPA	Preparer's signature SHANNON T. FORKIN, C	Date 02/06/21	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 \$ 2,786,782. including grants of \$ 1,988,249.) (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 \$ 291,216. 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 3,077,998.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 number, Yes, No. Rows 1a, 1b, 1c regarding 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business 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 Enter the number of voting members of the governing body at the end of the tax year (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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 Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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 JENNIFER LINDSAY - 607-240-2004 101 S. JENSEN ROAD, VESTAL, NY 13850

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) JAMES MCDUFFEE PRESIDENT	2.00	X		X			0.	0.	0.	
(2) GREG LESKO VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(3) ZACHARY MAJKA VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) BRIAN DEBOYACE TREASURER	2.00	X		X			0.	0.	0.	
(5) JOHN STEVENS ASSISTANT TREASURER	2.00	X		X			0.	0.	0.	
(6) SEAN BRITTON SECRETARY	2.00	X		X			0.	0.	0.	
(7) RACHEL ABBOT DIRECTOR	2.00	X					0.	0.	0.	
(8) DEBBIE ANDRAKO DIRECTOR	2.00	X					0.	0.	0.	
(9) FRANCIS BATTISTI DIRECTOR	2.00	X					0.	0.	0.	
(10) DORIS CHEUNG DIRECTOR	2.00	X					0.	0.	0.	
(11) DESIREE FORD DIRECTOR	2.00	X					0.	0.	0.	
(12) LESLEY FREY DIRECTOR	2.00	X					0.	0.	0.	
(13) ANN MCNICHOLS DIRECTOR	2.00	X					0.	0.	0.	
(14) ROBERT MURPHY DIRECTOR	2.00	X					0.	0.	0.	
(15) MICHAEL PONTICIELLO DIRECTOR	2.00	X					0.	0.	0.	
(16) AMAR RAI DIRECTOR	2.00	X					0.	0.	0.	
(17) LISA SCHUHLE 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) NICHOLAS SPENCER DIRECTOR	2.00	X					0.	0.	0.	
(19) JON TOOLEY DIRECTOR	2.00	X					0.	0.	0.	
(20) MARY ANN WILCOX DIRECTOR	2.00	X					0.	0.	0.	
(21) LORIANNE WELCH EXECUTIVE DIRECTOR	37.50			X			58,226.	0.	8,298.	
(22) JACQUELINE GERCHMAN PAST EXECUTIVE DIRECTOR	37.50			X			100,352.	0.	0.	
1b Subtotal							158,578.	0.	8,298.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							158,578.	0.	8,298.	

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 **1**

	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	1,417,393.				
	1 b	Membership dues					
	1 c	Fundraising events					
	1 d	Related organizations					
	1 e	Government grants (contributions)	393,483.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	495,474.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 38,679.				
	1 h	Total. Add lines 1a-1f		2,306,350.			
Program Service Revenue	2 a						
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		620,857.		620,857.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	15,700,553			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	15,256,382.				
7 c	Gain or (loss)	444,171					
7 d	Net gain or (loss)		444,171.		444,171.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
8 c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SERVICES FEES	900099	9,358.		9,358.	
	11 b	OTHER INCOME	900099	6,813.		6,813.	
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		16,171.			
12	Total revenue. See instructions		3,387,549.	0.	0.	1,081,199.	

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	1,988,249.	1,988,249.		
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	153,407.	64,277.	53,846.	35,284.
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	817,829.	342,671.	287,058.	188,100.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	89,109.	19,249.	55,009.	14,851.
10 Payroll taxes	77,769.	50,673.	3,565.	23,531.
11 Fees for services (nonemployees):				
a Management				
b Legal	6,673.		6,673.	
c Accounting	35,933.		35,933.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	132,946.		132,946.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	84,608.	37,256.	40,511.	6,841.
12 Advertising and promotion	49,307.	205.	47,900.	1,202.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	29,781.	13,175.	10,032.	6,574.
17 Travel	10,722.	935.	7,726.	2,061.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,764.	4,543.	3,143.	1,078.
20 Interest	1,050.		1,050.	
21 Payments to affiliates	28,413.	11,905.	9,973.	6,535.
22 Depreciation, depletion, and amortization	58,072.	24,332.	20,383.	13,357.
23 Insurance	13,929.	5,836.	4,889.	3,204.
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	486,347.	460,028.	8,007.	18,312.
b IN-KIND EXPENSES	38,679.	38,679.		
c DUES AND SUBSCRIPTIONS	36,681.	7,937.	15,005.	13,739.
d BANK FEES	14,346.	460.	430.	13,456.
e All other expenses	26,090.	7,588.	13,661.	4,841.
25 Total functional expenses. Add lines 1 through 24e	4,188,704.	3,077,998.	757,740.	352,966.
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		1	494,719.
	2 Savings and temporary cash investments	1,669,948.	2	818,898.
	3 Pledges and grants receivable, net	1,032,452.	3	705,481.
	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	16,014.	9	25,920.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,377,328.		
	b Less: accumulated depreciation	10b 997,824.	427,911.	10c 379,504.
	11 Investments - publicly traded securities	28,376,614.	11	29,032,867.
	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	313,436.	15	284,149.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,836,375.	16	31,741,538.	
Liabilities	17 Accounts payable and accrued expenses	525,593.	17	473,670.
	18 Grants payable		18	
	19 Deferred revenue	24,503.	19	6,177.
	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	8,101.	25	2,621.
	26 Total liabilities. Add lines 17 through 25	558,197.	26	482,468.
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	20,363,324.	27	20,288,825.
	28 Net assets with donor restrictions	10,914,854.	28	10,970,245.
	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	31,278,178.	32	31,259,070.
	33 Total liabilities and net assets/fund balances	31,836,375.	33	31,741,538.

Part XI Reconciliation of Net Assets

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

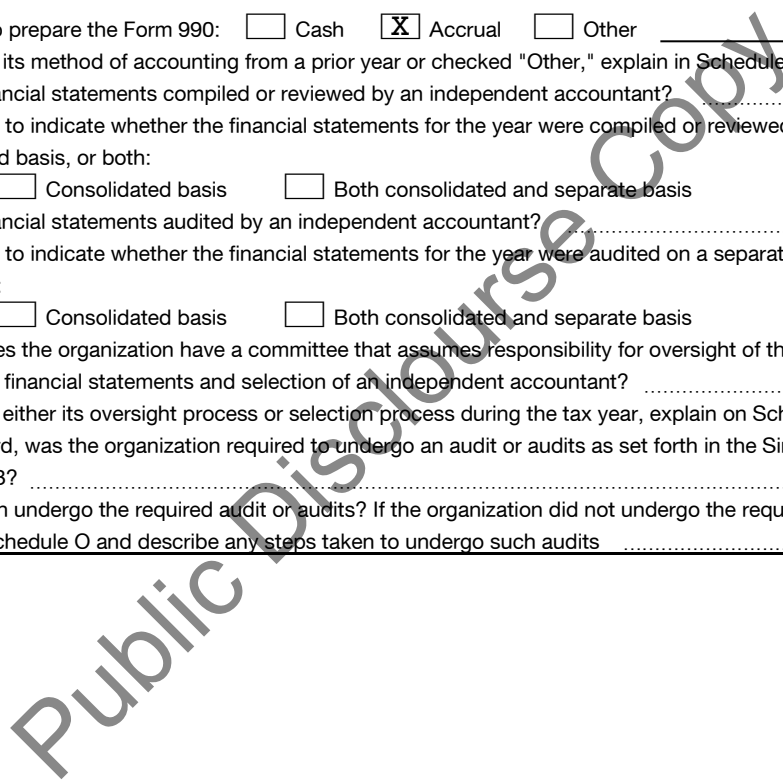
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,387,549.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,188,704.
3	Revenue less expenses. Subtract line 2 from line 1	3	-801,155.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,278,178.
5	Net unrealized gains (losses) on investments	5	879,893.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-97,846.
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	31,259,070.

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
1		
2a		X
2b	X	
2c	X	
3a		X
3b		



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2017235.	2409470.	2245340.	2680147.	2306350.	11658542.
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	2017235.	2409470.	2245340.	2680147.	2306350.	11658542.
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.						11658542.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	2017235.	2409470.	2245340.	2680147.	2306350.	11658542.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	640,723.	579,698.	454,186.	553,391.	620,857.	2848855.
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.	16,171.
11 Total support. Add lines 7 through 10						14523568.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	80.27 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.08 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 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 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (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).</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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
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>		

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>		

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?		
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>		
3 By reason of the relationship described in (2), 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>		

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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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>		
b Did the activities described in (a) 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>		
3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>		
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>		

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 (explain in detail in Part VI):		
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 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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
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	<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).		

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.

OTHER INCOME

2019 AMOUNT: \$ 6,813.

Public Disclosure Copy

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

2019

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, 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
--	---

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>382,603.</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>105,972.</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>242,401.</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>52,500.</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>85,000.</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>70,000.</u>	Person <input checked="" 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 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/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Public Disclosure Copy

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

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

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

2019

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 of easements, lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and section 170(h)(4)(B) requirements.

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 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

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	29,382,998.	29,023,530.	27,678,478.	26,800,659.	27,650,323.
b Contributions	282,401.	25,044.	132,728.	23,125.	246,982.
c Net investment earnings, gains, and losses	1,720,491.	2,003,870.	2,579,841.	1,436,455.	1,481,717.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,524,122.	1,669,446.	1,367,517.	581,761.	2,578,363.
f Administrative expenses					
g End of year balance	29,861,768.	29,382,998.	29,023,530.	27,678,478.	26,800,659.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 64.40 %
 - b Permanent endowment %
 - c Term endowment 35.60 %
- 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		846,708.	526,537.	320,171.
c Leasehold improvements				
d Equipment		396,630.	357,233.	39,397.
e Other		121,109.	114,054.	7,055.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				379,504.

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) LEASE LIABILITY	2,621.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,621.

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	4,168,369.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	879,894.	
b	Donated services and use of facilities	2b	33,872.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	913,766.	
3	Subtract line 2e from line 1	3	3,254,603.	
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	132,946.	
c	Add lines 4a and 4b	4c	132,946.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,387,549.	

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	4,089,630.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	33,872.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	33,872.	
3	Subtract line 2e from line 1	3	4,055,758.	
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	132,946.	
c	Add lines 4a and 4b	4c	132,946.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,188,704.	

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

132,946.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL

STATEMENTS

132,946.

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

2019

**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)	28,450.	0.			VOICES FOR CHILDREN/COURT APPOINTED SPECIAL ADVOCATES (CASA)
ACTION FOR OLDER PERSONS, INC 200 PLAZA DRIVE VESTAL, NY 13850	23-7060657	501(C)(3)	70,000.	0.			HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM
AMERICAN CIVIC ASSOCIATION 131 FRONT STREET BINGHAMTON, NY 13905	15-0539034	501(C)(3)	31,009.	0.			IMMIGRANT SOCIAL SERVICES PROGRAM
AMERICAN RED CROSS SOUTHERN TIER CHAPTER - 620 E MAIN STREET - ENDICOTT, NY 13760	53-0196605	501(C)(3)	90,000.	0.			DISASTER SERVICES
BIG BROTHERS BIG SISTERS OF TWIN TIERS - 10 PARK STREET, SUITE 2 - TOWANDA, PA 18848-1839	23-2667343	501(C)(3)	35,000.	0.			COMMUNITY BASED MENTORING PROGRAM
BOY SCOUTS - BADEN POWELL COUNCIL 2150 STATE ROUTE 12 BINGHAMTON, NY 13901	15-0536607	501(C)(3)	22,500.	0.			URBAN SCOUTING

- 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) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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)	123,841.	0.			CAMP SERTOMA, TEEN CENTER, MAIN UNIT
BOYS & GIRLS CLUB OF WESTERN BROOME - 1 CLUBHOUSE STREET - ENDICOTT, NY 13760	16-1446907	501(C)(3)	8,500.	0.			YOUTH DEVELOPMENT
BROOME COUNTY GANG PREVENTION 45 EXCHANGE STREET BINGHAMTON, NY 13901	47-0878897	501(C)(3)	43,124.	0.			SARATOGA CARLISLE
BROOME-TIOGA NAACP P.O. BOX 741 BINGHAMTON, NY 13902	16-1424076		6,184.	0.			YOUTH EMPLOYMENT PREPARATION PROGRAM
CATHOLIC CHARITIES OF BROOME 232 MAIN STREET BINGHAMTON, NY 13905	16-1170407	501(C)(3)	143,360.	0.			FAMILY CONNECTIONS CENTER, TEEN TRANSITIONAL LIVING PROGRAM, AND EMERGENCY ASSISTANCE/FOOD
CORNELL COOPERATIVES EXTENSION OF BROOME COUNTY - 840 UPPER FRONT STREET - BINGHAMTON, NY 13902	16-6072872	501(C)(3)	36,990.	0.			4-H YOUTH DEVELOPMENT PROGRAM
BROOME COUNTY COUNCIL OF CHURCHES 3 OTSENINGO STREET BINGHAMTON, NY 13903	15-0547374	501(C)(3)	60,326.	0.			CHOP & CHAT PROGRAM COORDINATOR
CRIME VICTIMS ASSISTANCE CENTER 377 ROBINSON STREET BINGHAMTON, NY 13904	16-1277309	501(C)(3)	51,900.	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)	46,000.	0.			WILSON CHILDREN'S CENTER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
DEPOSIT FOUNDATION, INC 119 FRONT STREET DEPOSIT, NY 13754	22-3073647	501(C)(3)	20,000.	0.			VOLUNTEER TRANSPORTATION PROGRAM
FAMILY AND CHILDREN'S SOCIETY 257 MAIN STREET BINGHAMTON, NY 13905	15-0627799	501(C)(3)	49,000.	0.			SCHOOL BASED MENTAL HEALTH SERVICES AND TECHNOLOGY MERGER GRANT
FAMILY ENRICHMENT NETWORK OF BROOME - 24 CHERRY STREET - JOHNSON CITY, NY 13790	16-1113373	501(C)(3)	7,500.	0.			GENERAL USE FOR WAGES AND TRAVEL
FAMILY PLANNING OF SOUTH CENTRAL NY - 117 HAWLEY STREET - BINGHAMTON, NY 13901	16-1005972	501(C)(3)	50,000.	0.			ACCESS TO HEALTHCARE AND TEEN PREGNANCY PREVENTION
FIRST PRESBYTERIAN CHURCH OF JOHNSON CITY - 2 MAIN STREET - JOHNSON CITY, NY 13790	15-0621821	501(C)(3)	38,080.	0.			HUNGER OUTREACH
FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	20-8808059	501(C)(3)	32,000.	0.			BROOME COUNTY MOBILE FOOD PANTRY
GIRL SCOUTS OF NYPENN PATHWAYS 8170 THOMPSON ROAD CICERO, NY 13039	16-0844808	501(C)(3)	10,458.	0.			ETM SOLAR WORKS GRANT
HELPING CELEBRATE ABILITIES 18 BROAD STREET JOHNSON CITY, NY 13790	15-0516395	501(C)(3)	21,285.	0.			DEVELOPMENT AND SPEECH/HEARING SCREENING PROGRAM
JEWISH COMMUNITY CENTER 500 CLUBHOUSE ROAD VESTAL, NY 13850	15-0547107	501(C)(3)	99,000.	0.			EARLY CHILDHOOD CENTER AND YOUTH PROGRAMMING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
LITERACY VOLUNTEERS OF BROOME-TIOGA - 185 COURT STREET - BINGHAMTON, NY 13901	16-6182852	501(C)(3)	19,950.	0.			HELPING FAMILIES IMPROVE THEIR SOCIO-ECONOMIC STATUS THROUGH LITERACY EDUCATION
M-EALS ME ASSISTING LOCAL SPARTANS C/O MAINE ENDWELL SCHOOL DISTRICT - 712 FARM TO MARKET ROAD - ENDWELL, NY 13760	15-6002273		28,433.	0.			AFTERSCHOOL PROGRAM
MENTAL HEALTH ASSOCIATION OF THE SOUTHERN TIER - 47 BROAD AVENUE - BINGHAMTON, NY 13904	15-0615081	501(C)(3)	52,000.	0.			COMPEER YOUTH MENTORING AND RURAL BEAR PROGRAM
MOTHERS AND BABIES PERINATAL NETWORK OF SCNY, INC - 457 STATE STREET - BINGHAMTON, NY 13901	16-1478905	501(C)(3)	50,039.	0.			BINGHAMTON PAL RESOURCE CENTER
NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	15,000.	0.			CONTRIBUTION TO CAPACITY BUILDING FUND
RISE NY AKA SOS SHELTER P.O. BOX 6000 ENDICOTT, NY 13761	16-1119831	501(C)(3)	77,250.	0.			RESIDENTIAL AND NON-RESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE
RURAL HEALTH NETWORK OF SOUTH CENTRAL NY - 455 COURT STREET - BINGHAMTON, NY 13904	22-3568461	501(C)(3)	94,332.	0.			BROOME SENIORS LIVING HEATHY AND MOBILITY MANAGEMENT OF SCNY
SALVATION ARMY BINGHAMTON 131 WASHINGTON STREET BINGHAMTON, NY 13901	13-5562351	501(C)(3)	31,033.	0.			EMERGENCY SERVICES
STAND WITH ME ASSISTANCE DOG TEAM TRAINING - 650 HANCE ROAD - BINGHAMTON, NY 13903	81-3933303	501(C)(3)	35,000.	0.			VETERAN SERVICE-DOG TRAINING

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
UNION-ENDICOTT EDUCATION FOUNDATION - P.O. BOX 191 - ENDICOTT, NY 13760	20-0877503	501(C)(3)	19,007.	0.			SACC PROGRAM
BROOME COUNTY URBAN LEAGUE, INC 43-45 CARROLL STREET BINGHAMTON, NY 13901	15-0547362	501(C)(3)	25,000.	0.			AFTER SCHOOL/ SUMMER INCLUSION PROGRAM
VOLUNTEERS IMPROVING NEIGHBORHOOD ENVIRONMENTS, INC - P.O. BOX 3104 - BINGHAMTON, NY 13902-3104	27-2617454	501(C)(3)	60,213.	0.			CONTRIBUTION TO FARM SHARE CAPACITY BUILDING AND WELLNESS WAGON
YOUNG WOMENS CHRISTIAN ASSOCIATION OF BINGHAMTON AND BROOME COUNTY - 80 HAWLEY STREET - BINGHAMTON, NY 13901	15-0532275	501(C)(3)	77,073.	0.			YOUNG WONDERS EARLY CHILDHOOD CENTER
BROOME COUNTY YMCA FOUNDATION 61 SUSQUEHANNA STREET BINGHAMTON, NY 13901-3705	22-2604920	501(C)(3)	259,152.	0.			SENIOR WELLNESS PROGRAM AND CHILD CARE

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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: CATHOLIC CHARITIES OF BROOME

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY CONNECTIONS CENTER, TEEN TRANSITIONAL LIVING PROGRAM, AND EMERGENCY ASSISTANCE/FOOD PANTRY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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	X		38,679.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 ()				
26 Other ()				
27 Other ()				
28 Other ()				

Public Disclosure Copy

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, 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

2019

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. FUND 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) (2019)

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 A, LINE 4:

THE BYLAWS WERE UPDATED IN JUNE 2020 TO PROVIDE FOR A COVID-19 WAIVER OF NOTICE. ALSO THE BYLAWS NOW OUTLINE TERMS AND RESPONSIBILITIES OF THE PAST PRESIDENT.

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

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

FORM 990, PART XII, LINE 2C

NO CHANGE FROM PRIOR YEAR

Public Disclosure Copy

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

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.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF BROOME COUNTY, INC.	Taxpayer identification number (TIN) 15-0564074
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 550	
	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 a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return 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)	06	Form 8870	12

JENNIFER LINDSAY

- The books are in the care of ▶ **101 S. JENSEN ROAD - VESTAL, NY 13850**
Telephone No. ▶ **607-240-2004** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a 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.
b If 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.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Contact Information

Filing Year

2019

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

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 S Warren St, 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

\$2,306,350.00

Enter organization's total revenue

\$3,387,549.00

Enter organization's net assets

\$31,259,070.00

Is the organization required to file form Schedule B - Schedule of contributors - with the IRS?

Yes

For the current filing year, does your organization plan to do 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

NYS Office of Temporary & Disability Assistance

Grant Amount

\$382,603.00

Name of Government Agency

City of Binghamton Department of Planning, Housing

Grant Amount

\$10,880.00

Documents

File Name	Document Type
United Way of Broome County 2020 FS.pdf	AUDIT
2019 Schedule B - United Way of Broome County, Inc.pdf	SCHEDULEB
2019 Form 990 No Sch B- United Way of Broome County, Inc.pdf	IRS