EXTENDED TO NOVEMBER 15, 2021

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.



Department of the Treasury Internal Revenue Service

т

AF	or th	e 2020 calendar year, or tax year beginning and	ending				
B C	heck if oplicab	e: C Name of organization		D Employer identifie	cation number		
X	Addre] chang			15-05433	56		
]chang]Initial	5	D / 11				
	_returr Final	, , , , , , , , , , , , , , , , , , , ,	Room/suite	E Telephone number			
	return			31578856			
	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,980,095.		
	Amer returr			H(a) Is this a group re			
	Appli tion pend			for subordinates? Yes X No			
	-	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 🛄 527	If "No," attach a	list. See instructions		
		te: UNITEDWAYOFNORTHERNNEWYORK.ORG		H(c) Group exemption			
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1942	State of legal domicile: NY		
Pa	rt I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: \underline{THE}	UNITEI	WAY OF NOR	THERN NEW		
Governance		YORK MEASURABLY IMPROVES THE LIVES OF A	LL RES	SIDENTS IN J	EFFERSON,		
ů,	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as			
ð	3	Number of voting members of the governing body (Part VI, line 1a)		3	20		
5	4	Number of independent voting members of the governing body (Part VI, line 1b) _			20		
es ?	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	5		
Ţ	6	Total number of volunteers (estimate if necessary)	6	0			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.			
		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.			
				Prior Year	Current Year		
a	8	Contributions and grants (Part VIII, line 1h)		895,478.	1,459,729.		
nu	9	Program service revenue (Part VIII, line 2g)		10,500.	9,629.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
~	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,012.	95,896.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,073,696.	1,565,267.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	577,700.	443,884.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.			
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	254,470.	318,809.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ĝ	b	Total fundraising expenses (Part IX, column (D), line 25)	41.				
ωļ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		340,051.	611,958.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,172,221.	1,374,651.		
	19	Revenue less expenses. Subtract line 18 from line 12					
Sec				ginning of Current Year	End of Year		
lanc	20	Total assets (Part X, line 16)	2,420,994.	2,591,807.			
Ass J Ba	21	Total liabilities (Part X, line 26)					
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,770,465.	573,568. 2,018,239.		
Pa	rt II	Signature Block		, , ,			
		lties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	ients, and to the best of m	y knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh					

Sign Here	Signature of officer JAMES COX, EXECUTIVE DIRECTOR Type or print name and title	Date
	Print/Type preparer's name Proparer's signature Date 08/02	
Preparer		Firm's EIN > 20-1317788
Use Only	Firm's address 1120 COMMERCE PARK DRIVE EAST	
	WATERTOWN, NY 13601	Phone no. 315 - 788 - 7690
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2020)
S	EE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT C	ONTINUATION

Form	990 (2020) UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356 Page 2
	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE UNITED WAY OF NORTHERN NEW YORK MEASURABLY IMPROVES THE LIVES OF
	ALL RESIDENTS IN JEFFERSON, LEWIS AND ST. LAWRENCE COUNTIES THROUGH
	LEADERSHIP, TRAINING AND FUNDING.
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?
	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	revenue, if any, for each program service reported. (Code:) (Expenses \$514,741. including grants of \$366,707.) (Revenue \$9,629)
	COMMUNITY BUILDING
	THROUGH DONATIONS RECEIVED, THE ORGANIZATION WAS ABLE TO DISTRIBUTE
	OVER \$366,000 TO LOCAL 501(C)(3) ORGANIZATIONS. GRANTS DISTRIBUTED
	ENABLED THE RECIPIENT ORGANIZATIONS TO BETTER FULFILL THEIR OWN
	MISSIONS.
4b	(Code:) (Expenses \$ 64,981. including grants of \$ 42,622.) (Revenue \$)
	POVERTY REDUCTION INITIATIVE
	WITH A GRANT RECEIVED FROM NEW YORK STATE FOR POVERTY REDUCTION
	INITIATIVE, THE ORGANIZATION CREATED A STEERING COMMITTEE AND TASK FORCE
	TO IDENTIFY AND ADDRESS THE CHALLENGES EXPERIENCED BY INDIVIUALS LIVING
	IN POVERTY IN THE LOCAL COMMUNITY. THE ORGANIZATION CREATED A LIST OF
	DELIVRABLES TO ASSIST LOCAL COMMUNITY MEMBERS LIVING IN POVERTY AND
	WILL WORK WITH OTHER LOCAL NOT-FOR-PROFITS TO SEE THE DELIVERABLES ARE
	CARRIED OUT.
4c	(Code:) (Expenses \$ 564,194. including grants of \$ 34,555.) (Revenue \$ 95,896.)
	COVID 19 CRISIS SUPPORT
	DISTRIBUTE CLEANING SUPPLIES, INFANT SUPPLIES AND PROTECTIVE EQUIPMENT
	TO THE COMMUNITY
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,143,916.
<u>4e</u>	Total program service expenses 1,143,916.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
0	If "Yes," complete Schedule A	1 2	л Х	
2 3	Did the organization required to complete schedule b, schedule of commutors	2	- 23	
3		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? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			37
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
d	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
2	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	4 2	1

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	
rai				
	Check if Schedule O contains a response or note to any line in this Part V		Vac	
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		Yes	No
	Enter the number reported in Box 3 of Porth 1098. Enter -0- if not applicable 1a 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		

020)	UNITED	WAY	OF	NORTHERN	NEW	YORK,	INC.
Statements I	Regarding C	Other II	RS F	ilings and Tax	Com	oliance (co	ontinued)

		-		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	5			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?				X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	1	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solici	it			37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		<u>_</u>		1
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p		7a		X
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		70		x
А	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year		7c		- 23
u	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f					
י מ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?				
9 h	If the organization received a contribution of quanted intellectual property, and the organization file of form cose as required including and the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
-	sponsoring organization have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	1	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		L
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		<u> </u>
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans 13b 13c				
			140		x
			14a 14b		
р 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		140		
15	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.		.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.				

Form **990** (2020)

Form 990 (2020)

Part V

UNITED WAY OF NORTHERN NEW YORK, INC.

X

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
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with any other				
	officer, director, trustee, or key employee?	-	2	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?		3	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4	1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?		6	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?		7	a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?		7	b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		8	а	Х	
b	Each committee with authority to act on behalf of the governing body?			b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10	Da		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	napters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10)b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	n? 1 -	1a	Х	
b	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		12	2a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	in Schedule O how this was done		12	2c	Х	
13	Did the organization have a written whistleblower policy?		1	3	Х	
14	Did the organization have a written document retention and destruction policy?		1	4		Х
15	Did the process for determining compensation of the following persons include a review and approva	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		19	5a	Х	
b	Other officers or key employees of the organization		15	5b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a				
	taxable entity during the year?		16	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's				
	exempt status with respect to such arrangements?		16	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990-T (Section 501	(c)(3)s c	only)	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy	/, and fi	inan	cial	
	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 bo	oks and records 🕨 _				
	THE ORGANIZATION - 3157885631	2 6 0 1				
	120 WASHINGTON STREET, SUITE 201, WATERTOWN, NY 1	3601				

Part VII	Co	pensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	์ Em	oyees, 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.

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	(17) COURTNEY BATTISTA BISH	1.00									
53207 13-23-20 Eorm 990 (2020)	DIRECTOR		Х						0.	0.	

Form 990									-		15-0	543	356	Pa	age 8
Part VI			ploy I	ees			ghe	st C						(5)	
	(A) Name and title	(B) Average hours per	box	not c , unle	(C Posi heck r ss per id a di	tion ^{more} rson i	than o s both	n an	Repo compe	D) ortable ensation	(E) Reportable compensatio	n	an	(F) timate	
		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			Highest compensated employee		t organ	om he nization 99-MISC)	from related organization (W-2/1099-MIS	s	com fr orga and	other pensa om the anizati d relate anizatio	e Ion ed
	HN JOHNSON	1.00	v							0		0			0
DIRECTO	R N MACAULAY	1.00	X							0.		0.			0.
DIRECTO		1.00	x							0.		Ο.			0.
	ISTEN AUCTER	1.00													
DIRECTO			x							0.		Ο.			Ο.
(21) MI	KE BESAW	1.00													
DIRECTO			х							0.		0.			0.
	EX HAMMOND	1.00								0		_			0
DIRECTO	R		X							0.		0.			0.
1b Sub	ototal							•	13	6,890.		0.			0.
	al from continuation sheets to Part VI									0.		0.			0.
d Tot	al (add lines 1b and 1c)								13	6,890.		0.			0.
	al number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	io r	eceived mo	re than \$100	0,000 of reportab	le			0
con	npensation from the organization													Yes	No
3 Did	the organization list any former officer,	director trust	ee k	ev e	emol	ove	e or	hic	nhest comp	ensated em	olovee on	[103	
	1a? If "Yes," complete Schedule J for s	,		,	•	,			, i				3		Х
	any individual listed on line 1a, is the su														
and	related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	dule	J	for such ind	ividual			4		Х
	any person listed on line 1a receive or a					-			•						77
	dered to the organization? If "Yes," com B. Independent Contractors	plete Schedul	e J f	or si	uch p	oers	on .		<u></u>				5		X
	mplete this table for your five highest co	mnensated in	dene	nde	ent co	ontr	acto	nrs 1	that receive	d more than	\$100.000 of corr	nens	ation f	rom	
	organization. Report compensation for											pono	acioni		
	(A) Name and business			ONE						(B) scription of s		С	(C omper		<u>า</u>
					_										
	al number of independent contractors (ii)0,000 of compensation from the organia	•	iot lii	mite	d to	thos (stec	d above) wh	o received n	nore than				

	n 990 (,		OF NORTHER	N NEW YORK	, INC.	15-0543	356 Page 9
Pa	rt VII							
		Check if Schedule O	contains a respo	nse or note to any lir	ne in this Part VIII (A)	(B)	(C)	[]
					Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
nts nts	1 a	Federated campaigns	1a	46,941.				
Contributions, Gifts, Grants and Other Similar Amounts		•• • • •	1b					
An An	с	Fundraising events						
Gif İlar			1d					
ons, Sim		Government grants (contr		125,511.				
utio Ier :	f	All other contributions, gifts,		1 207 277				
eë G		similar amounts not included		<u>1,287,277.</u> <u>155,768.</u>				
no Du	-	Noncash contributions included in Total. Add lines 1a-1f			1,459,729.			
<u>0</u>		Total. Add intes ta-11		Business Code	1,100,720.			
Ð	2 a	CAMPAIGN FEES	5	900099	9,629.	9,629.		
● Lvic	b			_				
Sei	c							
am	d							
Program Service Revenue	е							
ā	f	All other program service						
	g	Total. Add lines 2a-2f			9,629.			
	3	Investment income (inclue			25,813.			25,813.
		other similar amounts)			25,015.			25,015.
	4 5	Income from investment of	-					
	5	Royalties	(i) Real					
	6 a	Gross rents	6a	(
			6b					
		Rental income or (loss)	6c					
		Net rental income or (loss	\$)					
	7 a	Gross amount from sales of	(i) Securit					
		assets other than inventory	_{7a} 388,42	9. 599.				
•	b	Less: cost or other basis						
evenue		and sales expenses	7b 413,83 7c - 25,40	<u>997.</u> 2398.				
leve		Gain or (loss)			-25 800			-25 800
er R		Net gain or (loss) Gross income from fundraisi		····· ►	-25,800.			-25,800.
Other	oa	including \$						
•		contributions reported on						
		Part IV, line 18	,	8a				
	b	Less: direct expenses		8b				
		Net income or (loss) from		nts 🕨				
	9 a	Gross income from gamin	ng activities. See					
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from		s >				
	ם טר	Gross sales of inventory,		100				
	h	and allowances Less: cost of goods sold		10a 10b				
		Net income or (loss) from						
	Ť			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	5	900099	95,896.	95,896.		
ane ∍nu(b							
cell ?eve	с							
Mis	d	All other revenue						
		Total. Add lines 11a-11d			95,896.	105 505		10
	12	Total revenue. See instruction	ons	🕨	1,565,267.	105,525.	0.	13.

Part IX Statement of Functional Expenses

UNITED WAY OF NORTHERN NEW YORK, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

/D. (ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	(D) Fundraising	
	Grants and other assistance to domestic organizations		expenses	general expenses	expenses	
	and domestic governments. See Part IV, line 21	443,884.	443,884.			
	Grants and other assistance to domestic	,				
	individuals. See Part IV, line 22					
	Grants and other assistance to foreign					
-	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
	Compensation of current officers, directors,					
	trustees, and key employees	136,890.	65,512.	35,061.	36,317	
	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	115,556.	61,749.	9,826.	43,981	
	Pension plan accruals and contributions (include	,	, , ,	,	- ,	
	section 401(k) and 403(b) employer contributions)	4,405.	2,335.	1,035.	1,035	
	Other employee benefits	41,877.	20,806.	7,296.	1,035 13,775	
10	Payroll taxes	20,081.	10,459.	3,464.	6,158	
11	Fees for services (nonemployees):	- ,			- ,	
	Management					
	Legal	2,260.		2,260.		
	Accounting	11,700.	11,700.			
	Lobbying	,	,			
	Professional fundraising services. See Part IV, line 17					
	Investment management fees					
	Other. (If line 11g amount exceeds 10% of line 25,					
-	column (A) amount, list line 11g expenses on Sch O.)	12,602.	1,581.	2,521.	8 500	
		9,153.	4,576.	1,648.	8,500 2,929	
	Advertising and promotion	3,893.	1,947.	700.	1,246	
	Office expenses	5,055.	1,51,0	,	1,210	
	Information technology					
	Royalties	17,250.	8,625.	3,105.	5,520	
		5,614.	2,807.	1,011.	1,796	
17		5,014.	2,007.	<u> </u>	1,750	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
	Conferences, conventions, and meetings					
20	Interest					
	Payments to affiliates	1,956.	978.	352.	626	
22	Depreciation, depletion, and amortization	5,622.	2,811.	1,012.	1,799	
23	Insurance	5,022.	∠,0⊥⊥.	I, UIZ•	1,199	
	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 0.)					
	CLEANING SUPPLIES	258,147.	258,147.			
b	INFANT SUPPLIES	103,892.	103,892.			
	PROTECTIVE EQUIPMENT	92,638.	92,638.			
d	TRAINING	26,356.	11,424.	14,932.		
-	All other expenses	60,875.	38,045.	2,471.	20,359	
25	Total functional expenses. Add lines 1 through 24e	1,374,651.	1,143,916.	86,694.	144,041	
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	_,_,_,,	_,,		/	
	reported in column (B) joint costs from a combined					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.					

Form 990 (2020)	UNITED	WAY	OF	
Part X	Balance Sheet				
		a			

15-0543356 Page 11

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			257,756.	1	293,183.
	2	Savings and temporary cash investments			251,246.	2	278,822.
	3	Pledges and grants receivable, net			288,206.	3	381,677.
	4	Accounts receivable, net			3,844.	4	1,779.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif	ied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	l in seo	ction 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
◄	9	Prepaid expenses and deferred charges			23,263.	9	23,598.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		55,906.			
	b	Less: accumulated depreciation		49,616.	5,392.	10c	6,290.
	11	Investments - publicly traded securities			1,308,357.	11	1,294,874.
	12	Investments - other securities. See Part IV, line 1	1		279,358.	12	308,421.
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		3,572.	15	3,163.	
	16	Total assets. Add lines 1 through 15 (must equa			2,420,994.	16	2,591,807.
	17	Accounts payable and accrued expenses			68,474.	17	22,163.
	18	Grants payable		394,173.	18	401,000.	
	19	Deferred revenue		11,723.	19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	er offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst					
.iat		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)). Complete Part X	176 150		150 405
		of Schedule D		····· -	176,159.		150,405.
	26	Total liabilities. Add lines 17 through 25	<u></u>	V	650,529.	26	573,568.
Se		Organizations that follow FASB ASC 958, cher	ck her	e 🕨 🗖			
ů.		and complete lines 27, 28, 32, and 33.			1 450 204		1,534,438.
ala	27	Net assets without donor restrictions			<u>1,450,204.</u> 320,261.	27	483,801.
Б	28	Net assets with donor restrictions			520,201.	28	405,001.
Fun		Organizations that do not follow FASB ASC 95					
م ا		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	<u> </u>
Issi	30	Paid-in or capital surplus, or land, building, or eq				30	<u> </u>
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E	1,770,465.	31	2,018,239.
Ż	32	Total net assets or fund balances	2,420,994.	32 33	2,591,807.		
	33	Total liabilities and net assets/fund balances			4,40,774.	აა	Eorm 990 (2020)

Form **990** (2020)

Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, colurm (A), line 12) 1 1, 565, 267. 2 Total expenses (must equal Part IX, colurm (A), line 25) 2 1, 374, 651. 3 Revenue less expenses. Subtract line 2 from line 1 3 190, 616. 4 1, 770, 465. 4 1, 770, 465. 5 Net unrealized gains (losses) on investments 5 104, 099. 6 0 9 -46, 941. 7 7 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46, 941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, colurm (B)) 1 2, 018, 239. Perior daijustments 8 - 1 2, 018, 239. 11 Accounting method used to prepare the Form 990: C cash X Accrual Other 11 Accounting method used to prepare the Form 990: C cash X Accrual Other 14 Accounting method used to prepare the Form 990: C cash X Accrual Other 2a X<	Form	990 (2020) UNITED WAY OF NORTHERN NEW YORK, INC.	15-05	43356	Paç	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1, 565, 267. 2 Total expenses (must equal Part IX, column (A), line 25) 1 1, 374, 651. 3 190,616. 3 190,616. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 770, 465. 5 Net unrealized gans (losses) on investments 6 7 6 7 1 1 2, 014, 099. 6 6 7 1 1, 070, 465. 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 8 9 -46, 941. 10 k assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 018, 239. 7 10 column (B) 10 2, 018, 239. 10 2, 018, 239. 9 Check If Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X X	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,374,651. 3 Revenue less expenses. Subtract line 2 from line 1 3 190,616. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,770,465. 5 Net unrealized gains (losses) on investments 6 7 104,099. 6 7 104,099. 6 7 7 7 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 2,018,239. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth onsolidated		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 2 1,374,651. 3 Revenue less expenses. Subtract line 2 from line 1 3 190,616. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,770,465. 5 Net unrealized gains (losses) on investments 6 7 104,099. 6 7 104,099. 6 7 7 7 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 2,018,239. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 1f "Yes, 'heck a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Doth onsolidated						
3 Revenue less expenses. Subtract line 2 from line 1 3 190, 616. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 770, 465. 5 Net unrealized gains (losses) on investments 5 104, 099. 6 7 7 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule 0) 9 -466, 941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2, 018, 239. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H * cognization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H * cognization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 Accounting method used to prepare the Form 990: Cash B bht consolidated and	1		1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,770,465. 5 Net unrealized gains (losses) on investments 5 104,099. 6 5 104,099. 7 6 6 7 7 6 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -466,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018,239. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant? Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basi	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 104,099. 6 6 7 7 7 6 8 Prior period adjustments 9 -46,941. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 2,018,239. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII It accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or b	3					
6 Donated services and use of facilities 7 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other changes in net assets or fund balances (explain on Schedule O) 10 2,018,239. Yes No 1 Accounting method used to prepare the Form 990: 10 Cash X 11 Accounting method used to prepare the Form 990: 2a X 11 Yes No 2a <	4		4			
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018,239. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X 2b X 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? 2c X If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	5	Net unrealized gains (losses) on investments	5	104	1,0	99.
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -46,941. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 2,018,239. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis. Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. 2b X If "Yes," check a box below to indicate whether the financial statements acountant? <td< th=""><th>6</th><td>Donated services and use of facilities</td><td>6</td><td></td><td></td><td></td></td<>	6	Donated services and use of facilities	6			
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	3a		ngle Audit			
				3a		X
	b					
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			L

Form **990** (2020)

SCHEDULE A	
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Department of the Treasury

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I	FOUL	990	or	390-	·CZ

. .

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2020
Open to Public Inspection

			Go to www.irs.gov	//Form990 for instruction	ons and th	ne latest i	nformation.	_	IIISh	Jection
Nam	e of t	the organization	NITED WAY OF	NORTHERN NEW	VORK	TNC			identifica 5 - 0 5 4	tion number 3356
Pa	rt I		lic Charity Status.						5 054	5550
								13.		
	organ		oundation because it is:							
1			of churches, or association				I)(A)(I).			
2			section 170(b)(1)(A)(ii). (
3		A hospital or a coopera	ative hospital service org	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4		A medical research org	ganization operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospit	al's name,
		city, and state:								
5		An organization operat	ted for the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in	
		section 170(b)(1)(A)(iv	v). (Complete Part II.)							
6		A federal, state, or loca	al government or governr	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	X	An organization that no	ormally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public des	scribed in
		section 170(b)(1)(A)(vi			-			-	-	
8			cribed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)					
9	\square		h organization described			ed in coniu	inction with a	land-grant	college	
•			and grant college of agric							
		university:	and grant conogo of agric		Entor tho	name, eng	, and state s	i the coneg	0.01	
10		· ·	ormally receives (1) more	than 22 1/20/ of its sup	oort from	oontributio	na mombor	hin food or	d groce re	ocinto from
10										
			exempt functions, subject						-	
			business taxable income	(less section 511 tax) in	om busine	sses acqu	lired by the o	rganization	atter June	30, 1975.
		See section 509(a)(2).								
11	H	• •	zed and operated exclus							
12			zed and operated exclus							
			ed organizations describe						heck the l	oox in
	_		that describes the type of			-		-		
а		Type I. A supporting	organization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the supported organ	ization(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	upporting	
	_	_ organization. You mi	ust complete Part IV, Se	ections A and B.						
b		Type II. A supporting	g organization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or manageme	ent of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s). You	must complete Part IV,	Sections A and C.						
с		Type III functionally	integrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		its supported organiz	zation(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.			
d		Type III non-functio	nally integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)	
		that is not functional	ly integrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement an	d an attenti	veness	
			tructions). You must cor							
е		Check this box if the	organization received a	written determination fro	m the IRS	that it is a	a Type I. Type	e II. Type III		
			ed, or Type III non-functio				51 7 51	, ,,		
f	Ente	, ,	ted organizations	, , ,	0 0					
g			nation about the supporte							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount o	f monetary	(vi) Amo	ount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (se	e instructions)
Tota	I									

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	787,300.	929,423.	1137967.	905,978.	1459729.	5220397.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	787,300.	929,423.	1137967.	905,978.	1459729.	5220397.
	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.						5220397.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	787,300.	(b) 2017 929,423.	1137967.	905,978.	1459729.	5220397.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	40,708.	33,176.	27,774.	82,178.	25,813.	209,649.
9	Net income from unrelated business		-				
	activities, whether or not the						
	business is regularly carried on	34,739.					34,739.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		2,858.	2,407.	791.	95,896.	101,952.
11	Total support. Add lines 7 through 10						5566737.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stor	here			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2020 (line 6, column (f), d	livided by line 11,	column (f))		14	93.78 %
	Public support percentage from 2019					15	94.73 %
1 6a	33 1/3% support test - 2020. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	$\ensuremath{\operatorname{stop}}$ here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the o						nis box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •			▶∟
b	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17t	o, check this box a	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356 Page 3 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
k	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		1				
	Add lines 7a and 7b						_
8	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
		() 00 (0	(1) 00 (-	()	(1) 00 (0)	() 0000	(0,7,1,1)
	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organi	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2020 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2019	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	Investment income percentage for 20	20 (line 10c, colu	mn (f), divided by	ine 13, column (f))		17	%
18	Investment income percentage from		B			18	%
19a	a 33 1/3% support tests - 2020. If the	organization did r				33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box a	-					
k	33 1/3% support tests - 2019. If the						%, and
	line 18 is not more than 33 1/3%, che	•			•		
20	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
-		
9c		
10a		
10b		

Vee N-

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356 Page 5

ı a		Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described in line 11a above?	11b		
с	A 35%	% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			

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

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? *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.*

Section C.	Type II S	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)? 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).	1		

Section D. All Typ	e III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

За

3b

Yes

1

2

1.4

....

Vee Ne

Yes No

No

Sche	dule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NORTHERN	NEW	YORK, INC.	15-0543356 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	anizations	¥
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (e <i>xplai</i> i	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complet	te Sections A through E	Ξ.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contini}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 99	0-EZ) 2020	UNITE	D WAY	OF	NORTH	ERN	NEW	YORK,	INC.	15-054	3356	Page 8
Part VI	Supplemen Part IV, Section line 1; Part IV, 3	tal Inform	nation. P	rovide the	explai	nations requ	ired bv	Part II.	line 10: Par	t II. line 17a o	r 17b: Part III.	line 12:	
	line 1; Part IV, 3 Section D, lines (See instruction	s 5, 6, and 8	ines 2 and 3 3; and Part '	3; Part IV, V, Section	Sectio E, line	n E, lines 1c s 2, 5, and 6	, 2a, 2b 5. Also	o, 3a, an complet	d 3b; Part \ e this part f	/, line 1; Part V or any additic	/, Section B, li nal informatio	ne 1e; Pa n.	rt V,
	<u> </u>												

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Name of the organization	Employer identification number								
UNITED WAY OF NORTHERN NEW YORK, INC. 15-0543356									
Organization type(check	one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 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	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation								
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	Ile. See instructions.							
General Rule									
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling y one contributor. Complete Parts I and II. See instructions for determining a contributor								
Special Rules									
sections 509(a)(1 any one contribut									
contributor, durin literary, or educat	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.								
year, contribution	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 <i>exclusively</i> 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 <i>exclusively</i> 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

15-0543356

UNITED WAY OF NORTHERN NEW YORK, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NYS OFFICE OF TEMPORARY AND DBL ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243	\$54,446.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	CATHOLIC CHARITIES		Person X
	44 PUBLIC SQUARE	\$\$	Payroll Noncash
	WATERTOWN, NY 13601		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

15-0543356

UNITED WAY OF NORTHERN NEW YORK, INC.

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2020)		Page
Name of or	ganization		Employer identification number
UNITEI	O WAY OF NORTHERN NEW Y	ORK, INC.	15-0543356
Part III	Exclusively religious, charitable, etc., contributed	tions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Γ	· · · · ·		· · ·
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
F		(e) Transfer of git	ft
F	Transferee's name, address, a	nd 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
			<u> </u>
Ļ			
		(e) Transfer of git	ft
	Transferee's name, address, a	nd 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
			<u> </u>
Γ		(e) Transfer of git	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Γ			
		[

SCHEDULE D

(Form 990)

032051 12-01-20

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.



Department of the Treasury Internal Revenue Service Name of the organization

UNITED WAY OF NORTHERN NEW YORK, INC.

Employer identification number 15-0543356

Pa			or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose c	ě n n
Pa			
			art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea Protection of natural habitat	·	historically important land area certified historic structure
	Preservation of open space		certified historic structure
2		ind concervation contribution in the form o	f a concentration accompant on the last
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.		Held at the End of the Tax Year
2	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year ►	, 5 , ,	5 5
4	Number of states where property subject to conservation eas	sement is located ►	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	t holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the
De	organization's accounting for conservation easements.		hay Oinsilay Assats
Pa	t III Organizations Maintaining Collections or		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for put		•
h	service, provide in Part XIII the text of the footnote to its finar		
a	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tre	asures or other similar assets for financial	
2	the following amounts required to be reported under FASB A		yan, provide
9	Revenue included on Form 990, Part VIII, line 1	-	▶ \$
-	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

PartIL Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued) 3 Using the organizations acquestion, and other records, check any of the following that make significant use of its collection terms (check all that apply): a a Potice exhibition d Loan or exchange program b Scholarly research e Other c Presention for thure generations e Other e Other Other Treasures, or other similar assets to be soft or lask funds rathwind and as part of the organization solection? PartIV Escrow and Custocial Arrangements. Complete if the organization accelector? Yee No PartIV Escrow and Custocial an anount or form 990, Part X, line 21. Yee No b If "Yes," explain the arrangement in Part XIII and complete the following table: Id Amount c Beginning balance 1d 1d 1d a Potice assets and size and anound to the comparation a sock on part XII. No If the organization accelector. a Potice and anound to room 990, Part X, line 21. for assets not included on form 990, Part X, line 21. If the organization accelector. a Dyte assets and a			WAY OF NOR					15-05			ge 2
collection items (check all that apply): a Dite schibition d Loan or exchange program b Scholarly research e Other	Par								ts (contin	ued)	
a Public exhibition d Lan or exchange program b Schlaviry research e Other	3		on, and other record	ls, check any of the	following that	make sig	gnificant	use of its			
b Scholarly research e Other											
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they futther 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 answered 'Yes' or Form 900, Part IV, line 90, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, mustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, mustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, mustee, custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Other Khere if the explanation has been provided on Part XIII Image: Complete if the organization asswer? Yes' on Form 990, Part X, line 10. Image: Complete if the organization asswer? Yes' on Form 990, Part X, line 10. Dark ID Endowment Funds. Complete if the organization masswer? Yes' on Form 990, Part X, line 10. Image: Complete if the organization asswer? Yes' on Form 990, Part X, line 10. 1a Boginning of yaar balance (a) Current year (b) Proc year (c) Proc year (c) Proc year Solic Ass, 1, 0, 0, 2, 3, 4, 7, 0, 5, 6, 0, 0, 6, 1, 1, 82, 488, 1, 0, 0, 5, 4, 3, 7, 5, 1, 6, 6, 7, 55, 1, 5, 6, 7, 7, 50, 1, 1, 620, 96, 1, 1, 82, 4, 88, 1	а		d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collection?	b		е	Other							
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? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X ine 21. Is the organization an agent. It sustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No 6 If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id Id <td< th=""><th>С</th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	С	-									
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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? No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 16 d Additions during the year 14 e Distributions during the year 14 2D 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 inswered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. (a) Corrent year (b) Prov Year (c) Prov Year (c) Prov	Do	10 M 10 M									NO
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(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings 55,906. 49,616. c Leasehold improvements 55,906. 49,616. e Other 55,906. 49,616.	3a		ssion of the organiza	ation that are held a	nd administer	ed for the	e organiz	ation	г		
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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 (other) (c) Accumulated depreciation 1a Land		-									NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 1a Land										~	v
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 Buildings (d) Book value c Leasehold improvements 55,906.49,616.6,290. e Other 0	h	(II) Related organizations	tiona listad on roquir	rad on Sabadula D2							
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									30		
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				wittent funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land). Part IV. line 11a. S	See Form 990.	Part X. li	ine 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 55,906. 49,616. e Other								d	(d) Book	value	·
b Buildings								-	(,		
b Buildings	1a	Land	· · ·								
c Leasehold improvements											
d Equipment 55,906. 49,616. 6,290. e Other											
e Other				5	5,906.		49,61	16.	(5,29	90.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)				(5,29)0.

Schedule D (Form 990) 2020

Schedule D (F	orm 990) 2020	UNITED	WAY	OF	NORTHERN	I NEV	W YORK,	INC.	15	-0543356	Page 3
		- Other Securi	ties.								
(Complete if the	organization answer	ed "Yes"	on Fo	orm 990, Part IV,	line 11	b. See Form 99	90, Part X,	line 12.		
(a) Descriptio	n of security or c	ategory (including name o	of security)		(b) Book value		(c) Method o	of valuation	n: Cost or end	l-of-year market	value
(1) Financial	derivatives										
	eld equity intere	ests									
(3) Other			TUCE		200 40	-			102 0 17 0 0		
	ESTMENT	HELD BY NN	NYCF		308,42	L.	END-OF-	-YEAR	MARKET	VALUE	
(B)											
(C)											
(D)											
(E)											
(F) (G)											
(H)											
	must equal Form	990, Part X, col. (B) lin	e 12) 🕨		308,42	1.					
		- Program Rela			,						
		organization answer		on Fo	orm 990. Part IV.	line 11	c. See Form 99	0. Part X.	line 13.		
	(a) Description				(b) Book value					l-of-year market	value
(1)										-	
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
		990, Part X, col. (B) lin	e 13.) 🕨								
	Other Asset			_							
	complete if the	organization answer			ription	line 11	d. See Form 9	90, Part X,	line 15.	(b) Book va	
			(a)	5630	праон						
(1)											
(2) (3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
	n (b) must equa	l Form 990, Part X, c	col. (B) line	e 15.))						
	Other Liabili										
(Complete if the	organization answer	ed "Yes"	on Fo	orm 990, Part IV,	line 11	e or 11f. See F	orm 990, l	Part X, line 25		
1.	(a)	Description of liabil	ity							(b) Book va	alue
	al income taxes										
(-)		IGNATED AGE	ENCIE	S							,001.
(3) OTH	ER CRED	LTORS								1	,404.
(4)											
(5)											
(6)											
(7)											
(8)											
(9)										4 - 4	405
		l Form 990, Part X, c							►		,405.
2. Liability for	or uncertain tax	positions. In Part XII	I, provide	the t	text of the footno	te to th	ne organization	's financia	l statements t	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 1,642,425. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 104,099. a Net unrealized gains (losses) on investments 2a 104,099. 2 b Donated services and use of facilities 2b 20,000. 2 c Other (Describe in Part XIII.) 2d 2d 2e 124,099. a Not (Describe in Part XIII.) 2d 2e 124,099. 3 1,518,326. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a 1 1,555,267. a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 46,941. 5 Othard lines 4 and 4b 4c 46,941. 5 1,565,267. 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 12. 1 Total expenses and losses per audited financial statements 1 1,394,651. 2 Amounts included on	Sche	dule D (Form 990) 2020 UNITED WAY OF NORTHERN NEW	YORK,	INC.	15-	0543356 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 1, 642, 425. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 104, 099. a Net unrealized gains (losses) on investments 2b 20, 000. b Donated services and use of facilities 2c 2d d Other (Describe in Part XIII.) 2d 2e 124, 099. a Add lines 2a through 2d 3 1, 518, 326. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c 46, 941. c Add lines 4a and 4b 4c 46, 941. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 1, 565, 267. Part XIII 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 1, 394, 651. 1 Total expenses and losses per audited financial statements 1 1, 394, 651. 2e 20, 000. <th>Pa</th> <th>t XI Reconciliation of Revenue per Audited Financial Statemer</th> <th>nts With</th> <th>Revenue per R</th> <th>eturi</th> <th>n.</th>	Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per R	eturi	n.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments a Net unrealized gains (losses) on investments 2a 104,099. b Donated services and use of facilities 2c 2d d Other (Describe in Part XIII.) 2d 2e 124,099. a Add lines 2a through 2d 3 1,518,326. 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a 46,941. c Add lines 4a and 4b 5 1,565,267. Part XII Reconcellation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1,394,651. 1 Total revenses and losses per audited financial statements 2a 20,000. 2 2 20,000. 2b 2 1 Total expenses and losses per audited financial statements 2a 20,000. 2 a Donated services and use of facilities 2b 2c 20,000. 2 a Donated services in Part XIII.) 2d 2e 20,000. 3 1,374,651. <		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Net unrealized gains (losses) on investments 2a 104,099. b Donated services and use of facilities 2b 20,000. c Recoveries of prior year grants 2d 2d d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 3 1,518,326. 3 Subtract line 2e from line 1 3 1,518,326. 4 Amounts included on Form 990, Part VIII, line 7b 4a 46,941. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 4c 46,941. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) 5 1,565,267. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 1,394,651. 1 Total expenses and losses per audited financial statements 1 1,394,651. 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 20,000. 22 2 Other losses 2a 20,000. 3 3 1,374,651. 4 Add lines 2a through 2d 3 1,374,651. 3 1,374,651. 4 Add lines 4a and 4b 4b 4b 4c 0. 6 Add lines 2a through	1	Total revenue, gains, and other support per audited financial statements			1	1,642,425.
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c Add lines 4a and 4b 4c 46,941. 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 1,565,267. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. 5 1,565,267. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1,394,651. 1 Total expenses and losses per audited financial statements 1 1,394,651. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 20,000. 2 Donated services and use of facilities 2a 20,000. 2 Donated services in Part XIII.) 2d 2d 20,000. 2 C 2d 20,000. 2e 20,000. 3 1,374,651. 3 1,374,651. 3 1,374,651. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 1,374,651. 4c 0. 3 Subtract line 2e from line 1 4a 4b 4c 0. 0. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4b 6.	b	Other (Describe in Part XIII.)	4b	46,941.		
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d Other (Describe in Part XIII.) 2d 2e 20,000. e Add lines 2a through 2d 2e 20,000. 3 Subtract line 2e from line 1 3 1,374,651. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,374,651.	b	Prior year adjustments	2b			
e Add lines 2a through 2d 2e 20,000. 3 Subtract line 2e from line 1 3 1,374,651. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a a Investment expenses not included on Form 990, Part VIII, line 7b 4a a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,374,651.	С	Other losses	2c			
3 Subtract line 2e from line 1 3 1,374,651. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,374,651.	d	Other (Describe in Part XIII.)	2d			
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	е	Add lines 2a through 2d			2e	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	3	Subtract line 2e from line 1			3	1,374,651.
b Other (Describe in Part XIII.) 4b 4c 0. c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,374,651.	4					
c Add lines 4a and 4b 4c 0. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 1,374,651.	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	b	Other (Describe in Part XIII.)	4b			
	с	Add lines 4a and 4b			4c	• •
Part XIII Supplemental Information.	_				5	1,374,651.
	Pa	rt 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 X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. THE ORGANIZATION'S FORMS 990, RETURN OF
ORGANIZATION EXEMPT FROM INCOME TAXES, FOR THE YEARS ENDED 2019, 2018 AND
2017 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR 3 YEARS AFTER
THEY WERE FILED. BASED ON ITS ANALYSIS, THE ORGANIZATION HAS DETERMINED
THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND THAT THE ORGANIZATION SHOULD
PREVAIL UPON EXAMINATION BY TAXING AUTHORITIES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS NET ON FINANCIAL STATEMENTS

Schedule D	(Form 990) 2020	UNITED	WAY (OF	NORTHERN	NEW	YORK,	INC.	15-0543356 Page 5
Part XIII	Supplemental	Information (con	tinued)						

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		Go	vernments, an lete if the organizatio	nd Individual n answered "Yes" Attach to For	I <mark>s in the Ŭni</mark> on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.			20 Open to	20 Public
	Image: Construction Image: Construction Image: Construction attor Employer identification number 15-0543356 Employer identification number 15-0543356 information or Grants and Assistance Image: Construction or Grants and Assistance in the second of the grants or assistance, the grant second is usualization and the second of the grants or assistance, and the second of the grants or assistance in monitoring the use of grant funds in the United States. Image: Construction of the grant of the grant second of the grant second of the grant second of the second of the distingt of the grant second of the distingt of the grant second of the grant second of the distingt									
Name of the organization		Y OF NORT	HERN NEW YO	RK, INC.				Employer		
Part I General Inf				-						
1 Does the organiza	ation maintain records t	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	ction		
criteria used to av	ward the grants or assis	stance?							X Yes	No No
2 Describe in Part I	V the organization's pro	ocedures for mon	itoring the use of grant	funds in the Unite	d States.					
Part II Grants and	d Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "ץ	es" on Form 990, Par	t IV, line 21	, for any	
recipient th	at received more than S	\$5,000. Part II car	be duplicated if addit	ional space is need	ded.					
		(b) EIN			non-cash	valuation (book, FMV, appraisal,				
ACR HEALTH										
627 WEST GENESEE		16 1250060	5017(2)	15.000						
SYRACUSE, NY 13204	4	16-1359060	501C(3)	17,068.	0.			OPERATIC	INS	
MEDICAN DED CDOC	C OF NNV									
203 NORTH HAMILTON										
WATERTOWN, NY 1360		15-0532047	5010(3)	16 772	0			OPERATIO	MG	
		15 0552047	5010(37	10,772.	0.			DIERAIIC		
13601	,	16-1393828	501C(3)	13 300.	0.			OPERATIC	NS	
				,						
CATHOLIC CHARITIES	S JEFF/LEWIS									
6866 STATE HIGHWAY	¥ 37									
OGDENSBURG, NY 136	669	15-0614025	501C(3)	19,065.	0.			OPERATIC	NS	
,				,						
CREDO COMMUNITY CH	ENTER									
595 WEST MAIN STRE	EET									
WATERTOWN, NY 1360	01	16-1012469	501C(3)	23,070.	٥.			OPERATIC	NS	
· ·										
LEWIS COUNTY OPPOP	RTUNITIES									
8265 STATE ROUTE 8	812									
LOWVILLE, NY 13367	7	16-6066837	501C(3)	7,812.	0.			OPERATIC	ONS	
2 Enter total number	er of section 501(c)(3) a	nd government o	rganizations listed in th	ne line 1 table				►		
3 Enter total number	er of other organization	s listed in the line	1 table					►		
LHA For Paperwork	Reduction Act Notice	, see the Instruc	tions for Form 990.					Sched	lule I (Form	990) 2020

Schedule I (Form 990) UNITED WAY OF NORTHERN NEW YORK, INC.

15-0543356 Page 1

Schedule I (Form 990) UNITED WA	I OF NOR	CHERN NEW YC	JRK, INC.			L	.5-0543336 Page
Part II Continuation of Grants and Other	Assistance to De	omestic Organization	is and Domestic G	overnments (Sch	edule I (Form 990), Pa	art 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 OF NNY							
200 WASHINGTON STREET SUITE 303							
WATERTOWN, NY 13601	23-7330120	501C(3)	14,903.	0.			OPERATIONS
SALVATION ARMY - WATERTOWN							
723 STATE STREET							
WATERTOWN, NY 13601	16-0743180	501C(3)	20,271.	0.			OPERATIONS
SALVATION ARMY - MASSENA							
PO BOX 107							
MASSENA, NY 13362	13-5562351	501C(3)	5,682.	0.			OPERATIONS
VOLUNTEER TRANSPORTATION CENTER,							
INC - 203 NORTH HAMILTON STREET -	16-1469952	501C(3)	26 142	0.			OPERATIONS
WATERTOWN, NY 13601	10-1409952	5010(3)	26,143.	· ·			OPERATIONS
WATERTOWN FAMILY YMCA							
119 WASHINGTON STREET							
WATERTOWN, NY 13601	15-0559207	501C(3)	40,844.	٥.			OPERATIONS
			, -				
CHLLDREN"S HOME OF JEFFERSON							
COUNTY - 1704 STATE STREET -							
WATERTOWN, NY 13601	15-0532089	501C(3)	11,200.	٥.			OPERATIONS.
ST LAWRENCE COUNTY COMMUNITY							
DEVELOPMENT - ONE COMMERCE LANE -							
CANTON, NY 13617	14-1492922	501C(3)	11,261.	0.			OPERATIONS
WATERTOWN URBAN MISSION							
247 FACTORY STREET	10 0055000	F010(2)	47.00-	_			
WATERTOWN, NY 13601	16-0957201	501C(3)	47,097.	0.			OPERATIONS
RESOLUTION CENTER YOUTH COURT							
200 WASHINGTON STREET SUITE 207							
WATERTOWN, NY 13601	16-1393828	501C(3)	5,500.	٥.			OPERATIONS
	1 10 100020		5,500.	· · ·	1		

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF NORTHERN NEW YORK, INC.

15-0543356 Page 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 non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - OGDENSBURG							
401 FRANKLIN STREET							
OGDENSBURG, NY 13669	13-5562351	501C(3)	6,172.	0.			OPERATIONS
			•,=,=,=				
ST. LAWRENCE VALLEY RENEWAL HOUSE							
3 CHAPEL STREET							
CANTON, NY 13617	16-1182249	501C(3)	8,691.	0.			OPERATIONS
			.,				
WILNA-CHAMPION TRANSPORTATION							
ASSOCIATION, INC - 222 STATE							
STREET - CARTHAGE, NY 13619	16-1177446	501C(3)	6,250.	0.			OPERATIONS
,			,	•			
MOUNTAIN VIEW PREVENTION SERVICES							
7714 NUMBER THREE ROAD							
LOWVILLE, NY 13367	16-1288064	501C(3)	6,727.	0.			OPERATIONS
,			, -				
THOUSAND ISLANDS AREA HABITAT FOR							
HUMANITY - PO BOX 31 - WATERTOWN,							
, NY 13601	16-1471270	501C(3)	8,058.	0.			OPERATIONS
			, -				

Schedule I (Form 990)

Schedule I (Form 990) 2020

15-0543356

Page 2

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:

PART 1 LINE 2

ORGANIZATIONS RECEIVING GRANT FUNDS MUST APPEAR BEFORE A COMMITTEE OF

VOLUNTEERS AND JUSTIFY THEIR REQUEST FOR FUNDS. THE COMMITTEE THEN MAKES

RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2020

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. **Open to Public** . Inspection

Employer identification number

Name of the organization

עעע עבערעיי OF NODUFON NEW VODE TNC

	UNITED WAY O	F NORT	HERN NEW	YORK, IN	NC.	15-0	543	356	
Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash co amounts re Form 990, Par	ntribution ported on	(d) Method of de noncash contribu		•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
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 ► (COVID 19 SUPP)	X	0	15	55,768.	WHOLESALE V	ALU	E	
26	Other ► ()								
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	ontributions					
	for which the organization completed Form 82				29				
		,,-						Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I.	lines 1 throu	ah 28. that it			
	must hold for at least three years from the dat								
	exempt purposes for the entire holding period				-		30a		Х
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? 31								
	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?								
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which colu	umn (a) is che	cked,			
-	describe in Part II.	. (-)	,	,	() = = = =	,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

Schedule M	(Form 990) 2020	UNITED	WAY	OF	NORTHERN	NEW	YORK,	INC.	15-0543356	Page 2
Part II	Supplemental	Information	on. Provi	ide th	e information requ	uired by	Part I, lines	30b, 32b,	and 33, and whether the organiza r a combination of both. Also com	ation

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



15-0543356

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

LEWIS AND ST. LAWRENCE COUNTIES THROUGH LEADERSHIP, TRAINING AND

UNITED WAY OF NORTHERN NEW YORK, INC.

FUNDING.

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

FORM 990 IS REVIEWED BY THE TREASURER AND IS AVAILABLE TO THE BOARD PRIOR TO SUBMISSION.

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

CONFLICT OF INTEREST IS REVIEWED ANNUALLY AND SIGNED BY BOTH STAFF AND THE BOARD OF DIRECTORS AT THE ANNUAL MEETING EACH YEAR.

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

THE EXECUTIVE COMMITTEE REVIEWS THE CHIEF PROFESSIONAL OFFICER'S SALARY ON

AN ANNUAL BASIS AND COMPARES IT WITH OTHER AREA NON-PROFIT ORGANIZATIONS.

AFTER THE REVIEW IS COMPLETE THE COMMITTEE MAKES A RECOMMENDATION TO THE

FULL BOARD FOR ITS APPROVAL.

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

AVAILABLE FROM THE ORGANIZATION UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

DONOR DESIGNATIONS ON AGENCY FUNDS, NET ON FINANCIAL

STATEMENTS

-46,941.

FORM 990, PART XII, LINE 2C

	ule O (Form 990 o) 2020							1	Page
Name	of the organizatior	י ד וא ד	TTED	WAY	OF NOR	THERI	N NEW YORK	TNC		Employer identificat 15-054335	ion number
THE	ORGANIZA	TION	DID	NOT	CHANGE	THE	OVERSIGHT	PROCESS	OF	THE AUDIT	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

December 31, 2020

Prepared for	United Way of Northern New York, Inc. 120 Washington Street, Suite 201 Watertown, NY 13601
Prepared by	Bowers & Company Cpas PLLC 1120 Commerce Park Drive East Watertown, NY 13601
Amount due or refund	Balance due of \$275.00
Make check payable to	Department of Law
Mail tax return and check (if applicable) to	NYS Office of Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005
Return must be mailed on or before	November 15, 2021
Special Instructions	The report should be signed and dated by the authorized individual(s). The attached copy of federal Form 990 must be properly signed and dated.