Form <b>990</b>
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Department of the Treasury Internal Revenue Service

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# **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.



B checket and checket and checket both the both the	AF	or the	e 2022 calendar year, or tax year beginning and	ending		
Own TEDJ WAT OF NEW YORK STATE         14-1705108           Dring business as         14-1705108           Number and street (or P.O. box (if mail is not delivered to street address)         Room/suite           Final         80.0 TROY-SCHENECTADY ROAD           City or town, state or province, country, and ZIP or foreign postal code         G cross receivs 1         473,164.           Market         Family and street (or P.O. box (if mail is not delivered to street address)         H(a) Is this a group return for subordinates (Two Is and the province country, and ZIP or foreign postal code         G cross receivs 1         473,164.           Market         Family and street (or P.O. box (if mail is not delivered to street address)         H(b) ke at aubordinates (Two Is and the province country, and ZIP or foreign postal code         H(b) ke at aubordinates (Two Is and the province country, and ZIP or foreign postal code           J Briefly describe the organization: X forporation         Trust         Association         Other         L Year of formation: 1986 M State of legal domicile: NY           Part I         Summary         If the organization discontinued its operations or disposed of more than 25% of its net assets.         3           1         Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets.         3           2         Check this box         If the organization discontinued its operations or disposed of more than 25% of its net assets. <td></td> <td>heck if</td> <td>e: C Name of organization</td> <td></td> <td>D Employer identific</td> <td>cation number</td>		heck if	e: C Name of organization		D Employer identific	cation number
Description         Description <thdescription< th=""> <thdescription< th=""></thdescription<></thdescription<>		Addre	UNITED WAY OF NEW YORK STATE			
Number and street (of PU, box if mails ind delivered to street address)         Nommber         Number of SUB         Nommber           Image: Subscription         SU0         TROX - SCHEINECTADY ROAD         SLEACHARD         SLEACHARD           Image: Subscription         Subscription         SLEACHARD         SLEACHARD         SLEACHARD           Image: Subscription         Family and strees of principal officer. HUGH PARRY         Hob Is his a group return for subscription in the subscription include?         Yes         No           I Tax exempt status:         K 501(c)(3)         501(c) (         (inset no.)         4947(a)(1) or         Diff No, "atta of lagal domicile."NY           PartII         Summary         Image: Subscription         Tust         Association         Other         L Vear of formation: 1986 M State of legal domicile."NY           PartII         Summary         Image: Subscription in the organization in subscription in calcendinue its operations or disposed of more than 25% of its net assets.         1           I Briefly describe the organization in calendary ear 2022 (Part V, line 1a)         Image: Subscription         Image: Subscription         Image: Subscription           I Chail unrelated business travable income from Form 990-T, Part I, line 11         Image: Subscription         Image: Subscription         Image: Subscription           I Chail unrelated business travable income from Form 999 Org. Part I, line 11<		Name			14-17051	08
Standard       City or town, state or province, courtry, and ZIP or foreign postal code LATHAM, NY 12110-2424       473,164.         Hai Is this a group return periodic       Fame and address of principal office: HUGH PARRY SAME AS C ABOVE       Hai Is this a group return for subordinates?       Yes X No         I Taxexempt status:       X 501(c)(3)       501(c)(1)       (insert no.)       4947(a)(1) or       527         J Website:       WWW.UWNYS.ORG       H(b) Are all subordinates include?       Yes No         PartII       Summary       Foreign address of principal office: HUGH PARRY J Briefly describe the organization's mission or most significant activities: TO STRENGTHEN THE CAPACITY OF LOCAL UNITED WAYS THROUGH THEIR CHARTABLE HUMAN SERVICE ACTIVITIES         2 Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of volting members of the governing body (Part VI, line 1a)       4       22         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       4         6 Total number of volting members of the governing body (Part VI, line 1b)       4       22         7 a Total unrelated business revenue from Form 990-T, Part I, line 11       7b       0.         9 Program service revenue (Part VIII, column (A), lines 3.4, and 70       1, 352.1, 376.       1, 352.1, 376.         10 Investment income (Part VIII, column (A), lines 1.3)       513, 600.25, 000		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
City or town, state or province, country, and 2IP or foreign postal code       G does receipts 3       4 17 3, 10 4.         LATHAN, NY       1210 - 2424       H(a) Regularization       F Name and address of principal officer: HUGH PARRY       H(a) Is this a group return         SAME AS C ABOVE       F Name and address of principal officer: HUGH PARRY       H(b) Are al audoridates included'       Yes       No         J Website:       WWW. UWNYS.ORG       H(b) Are al audoridates included'       Yes       No         J Website:       WWW. UUNYS.ORG       H(c) Group exemption number       H(c) Group exemption number       H(c) Group exemption number         I       Briefly describe the organization's mission or most significant activities:       TO STRENGTHEN THE CAPACITY OF         LOCAL       UNITED WAYS THROUGH THEIR CHARITABLE HUMAN SERVICE ACTIVITIES         A Number of independent voting members of the governing body (Part VI, line 1a)       3       2         A Number of independent voting members of the governing body (Part VI, line 2a)       5       4         G Contributions and grants (Part VIII, column (O), line 12       7a       0.         B Net unrelated business traveline from Form 990-T, Part I, line 11       7b       0.         B Contributions and grants (Part VIII, column (A), lines 3.4, and 7c)       1, 352.       1, 376.         10       Invertexed Real WIII, line 1h)		_l return/			518-608-	
Image: Contributions and grants (Part VIII, Ine 11)       Image: Contributions and grants (Part VIII, Ine 11)       Image: Contributions and grants (Part VIII, Ine 11)       Prior Year         Image: Contributions and grants (Part VIII, Ine 11)       Prior Year       Current Year         Image: Contributions and grants (Part VIII, Ine 11)       Prior Year       Current Year         Image: Contributions and grants (Part VIII, Ine 11)       Prior Year       Current Year         Image: Contributions and grants (Part VIII, Ine 12)       Image: Contributions and grants (Part VIII, Ine 12)       Image: Contributions and grants (Part VIII, Ine 12)         Image: Contributions and grants (Part VIII, Ine 12)       Contributions and grants (Part VIII, Ine 12)       Image: Contributions (Part VIII, Ine 13)         Image: Contributions and grants (Part VIII, Ine 12)       Contributions and grants (Part VIII, Ine 13)       Prior Year         Contributions and grants (Part VIII, Ine 12)       Contributions and grants (Part VIII, Ine 13)       Prior Year         Image: Contributions and grants (Part VIII, Ine 13)       Contributions and grants (Part VIII, Ine 23)       Contributions and grants (Part VIII, Ine 23)         Image: Contributions and grants (Part VIII, Ine 24)       Contributions and grants (Part VIII, Ine 24)       Contributions and grants (Part VIII, Ine 24)         Image: Contributions and grants (Part VIII, Ine 24)       Contributions and grants (Part VIII, Ine 24)       Contrevenue (Part VIII, Column (A), Ines 3, 4, and		ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	473,164.
Image: Program and address of principal officer. RUGH_PARK1       Interpretation		return	DATHAM, NI IZII $0^-$ Z4Z4		H(a) Is this a group re	
SAME AS C ABOVE       H(b) Are all advoctmates included?       Yes       No         I Taxexempt status: X 5010(13)       501(c) (insert no.)       4947(a)(1) or       527       H(b) Are all advoctmates included?       Yes       No         J Website: WWW. UWNYS.ORG       H(c) Group exemption number       H(c) Group exemption number       H(c) Group exemption number         K Form of organization: X Corporation       Trust       Association       Other       L Year of formation: 1986 [M State of legal domicile: NY         Part II       Summary       I Briefly describe the organization's mission or most significant activities: TO STRENGTHEN THE CAPACITY OF       LOCAL UNITED WAYS THROUGH THEIR CHARTTABLE HUMAN SERVICE ACTIVITIES         2 Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3         3 Number of voing members of the governing body (Part VI, line 1a)       4       22         4 Number of individuals employed in calendar year 2022 (Part V, line 2a)       6       24         5 Total number of voindividuals employed in calendar year 2022 (Part V, line 2a)       6       22         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         9 Program service revenue (Part VIII, column (A), lines 14, and 7d)       1, 352.       1, 376.         11 Other evenue (Part VIII, column (A), lines 13       513, 600		tiòn	F Name and address of principal officer: <b>HUGH FARKI</b>		for subordinates	
J Website:       WWW.UWNYS.ORG       H(c) Group exemption number         K Form of organization:       [X] Corporation       Trust       Association       Other       L Year of formation:       1986       M State of legal domicile: NY         Part II       Summary       I Briefly describe the organization's mission or most significant activities:       TO STRENGTHEN THE CAPACITY OF         LOCAL UNITED WAYS THROUGH THEIR CHARITABLE HUMAN SERVICE ACTIVITIES       2 Check this box       I the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       22         4       Number of voting members of the governing body (Part VI, line 1b)       4       2         5       Total number of volunteers (estimate if necessary)       6       222         7a Total unrelated business taxable income from Form 900-T, Part I, line 11       7b       0.         b Net unrelated business taxable income from Form 900-T, Part I, line 11       7b       0         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 352.       1, 376.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       12.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13.       513, 600. <td< td=""><td></td><td></td><td>SAME AS C ABOVE</td><td></td><td></td><td></td></td<>			SAME AS C ABOVE			
K Form of organization:       X Corporation       Trust       Association       Other       L Year of formation:       1986       M State of legal domicile:NY         Part I       Summary       I       Briefly describe the organization's mission or most significant activities:       TO STRENGTHEN       THE CAPACITY OF         LOCAL UNITED WAYS       THROUGH THEIR CHARTTABLE HUMAN SERVICE ACTIVITIES         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       22         4       Number of independent voting members of the governing body (Part VI, line 2a)       6       22         5       Total number of volunteers (estimate if necessary)       7a       0.       4         9       Net unrelated business revenue from Part VIII, column (C), line 12       7a       0.       0.         9       Program service revenue (Part VIII, line 1h)       6999, 782.       61, 973.       233, 441.       409, 815.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 352.       1, 376.       1, 352.       1, 376.         11       Other revenue (Part VII, column (A), lines 1.3)       1513, 600.       253, 000.       253, 000.       253, 000.				or 527		
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: TO STRENGTHEN THE CAPACITY OF LOCAL UNITED WAYS THROUGH THEIR CHARITABLE HUMAN SERVICE ACTIVITIES         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       22         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       222         5       Total number of volunteers (estimate if necessary)       6       22         7 a Total nurelated business revenue from Part VIII, column (C), line 12       7a       0.         9       Program service revenue (Part VIII, line 1h)       699 , 782 .       61 , 973 .         9       Program service revenue (Part VIII, line 2g)       233 , 441 .       409 , 815 .         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1 , 352 .       1 , 376 .         11       Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       12 .       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       86 , 625 .       273 , 361 .         13       Grants and similar amounts paid (Part IX, column (A), lines 5-10)       86 , 625 . </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>						
9       Prior Vear       Current Year         9       0       0       0         9       0       0       0         9       0       0       0         9       0       0       0         9       0       0       0         9       0       0       0         9       Number of individuals employed in calendar year 2022 (Part V, line 2a)       0       0         6       7a       0       0       0         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       0       0       0         6       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0       0       0         9       Program service revenue (Part VIII, line 2h)       9       7g2 (Current Year       0       1       352.       1, 376.         10       Investment income (Part VIII, line 2h)       0.       12.       0				<b>L</b> Year	of formation: 1986 N	State of legal domicile: NY
LOCAL UNITED WAYS THROUGH THEIR CHARITABLE HUMAN SERVICE ACTIVITIES         2 Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of voting members of the governing body (Part VI, line 1a)       3       222         4 Number of independent voting members of the governing body (Part VI, line 1a)       4       222         5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       4         6 Total number of volunteers (estimate if necessary)       6       222         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         7 a Total unrelated business taxable income from Form 990-T, Part I, line 11       Prior Year       Current Year         8 Contributions and grants (Part VIII, line 2g)       233, 441.       409, 815.         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       1, 352.       1, 376.         11 Other revenue (Part VIII, column (A), lines 5, 6d, &c, 9c, 10c, and 11e)       0.       0.       0.         12 Total evenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 5-10)       86, 625.       273, 361.         13 Grants and similar amounts paid (Part IX, column (A), lines 5-10)       86, 625.       273, 361.         13 a travenue exerces (Part IX, column (A), line 11a-       0.       0.       0. </td <td>Га</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Га					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	e					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	anc					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	/ern					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	ğ					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	8					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	ities					
b Net unrelated business taxable income from Form 990-T, Part I, line 11         7b         U.           Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         699, 782.         61, 973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1, 352.         1, 376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513, 600.         25, 000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86, 6255.         273, 361.           16a         Professional fundraising fees (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         0.           18         Total fundraising expenses. Subtract line 18 from line 12         299, 289.         150, 599.	ž					
Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         699,782.         61,973.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         1,352.         1,376.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         513,600.         25,000.           14         Benefits paid to or for members (Part IX, column (A), lines 1-3)         513,600.         25,000.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         86,625.         273,361.           16a         Proter sepenses (Part IX, column (A), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         0.         299,289.         150,599.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         0.         899,514.         448,960.           19         Revenue less expenses. Subtract line 18 from line 12         35,073.         24,204.         8eginning of Current Year         End of Year           20         Total assets (Part X, line 16)         25,189.         25,189.         28,209.<	¥					
9         Program service revenue (Part VIII, line 2g)         233,441.         409,815.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         1,352.         1,376.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         12.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         934,587.         473,164.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         513,600.         25,000.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)         86,625.         273,361.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         0.         0.         0.           17         Other expenses (Part IX, column (D), line 25)         0.         299,289.         150,599.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         899,514.         448,960.           19         Revenue less expenses. Subtract line 18 from line 12         35,073.         24,204.           20         Total assets (Part X, line 16)         25,189.         25,189.         28,209. <td></td> <td></td> <td></td> <td></td> <td></td> <td>Current Year</td>						Current Year
11       Other revenue (Part Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       12.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       934, 587.       473, 164.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       513, 600.       25, 000.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       86, 625.       273, 361.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299, 289.       150, 599.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         20       Total assets (Part X, line 16)       25, 189.       28, 209.         21       Total liabilities (Part X, line 26)       25, 189.       28, 209.         22       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	Ø	8	Contributions and grants (Part VIII, line 1h)			61,973.
11       Other revenue (Part Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       12.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       934, 587.       473, 164.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       513, 600.       25, 000.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       86, 625.       273, 361.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299, 289.       150, 599.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         20       Total assets (Part X, line 16)       25, 189.       28, 209.         21       Total liabilities (Part X, line 26)       25, 189.       28, 209.         22       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	nué	9	Program service revenue (Part VIII, line 2g)		233,441.	409,815.
11       Other revenue (Part Vill, column (A), lines 5, 60, 8c, 9c, 10c, and 11e)       12.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       934, 587.       473, 164.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       513, 600.       25, 000.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       86, 625.       273, 361.         16a       Professional fundraising fees (Part IX, column (D), line 25)       0.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299, 289.       150, 599.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         20       Total assets (Part X, line 16)       25, 189.       28, 209.         21       Total liabilities (Part X, line 26)       25, 189.       28, 209.         22       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,376.
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       513,600.       25,000.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       86,625.       273,361.         16a       Professional fundraising expenses (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 25)       0.       299,289.       150,599.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299,514.       448,960.         19       Revenue less expenses. Subtract line 18 from line 12       35,073.       24,204.         19       Revenue less expenses. Subtract line 18 from line 12       35,073.       24,204.         20       Total assets (Part X, line 16)       461,888.       489,112.         21       Total liabilities (Part X, line 26)       25,189.       28,209.         22       Net assets or fund balances. Subtract line 21 from line 20       436,699.       460,903.	£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.00.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       86,625.273,361.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.00.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.00.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299,289.150,599.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899,514.4448,960.         19       Revenue less expenses. Subtract line 18 from line 12       35,073.244,204.         20       Total assets (Part X, line 16)       461,888.489,112.         21       Total liabilities (Part X, line 26)       25,189.28,209.         22       Net assets or fund balances. Subtract line 21 from line 20       436,699.460,903.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       86,625.273,361.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.0.0.         b       Total fundraising expenses (Part IX, column (D), line 25)       0.0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       299,289.150,599.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899,514.4448,960.         19       Revenue less expenses. Subtract line 18 from line 12       35,073.244,204.         20       Total assets (Part X, line 16)       461,888.489,112.         21       Total liabilities (Part X, line 26)       25,189.28,209.         22       Net assets or fund balances. Subtract line 21 from line 20       436,699.460,903.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		513,600.	
16a Professional fundraising fees (Part IX, column (A), line 11e)0.0.b Total fundraising expenses (Part IX, column (D), line 25)0.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)0.299, 289.150, 599.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)899, 514.448, 960.19 Revenue less expenses. Subtract line 18 from line 1235, 073.24, 204.20 Total assets (Part X, line 16)461, 888.489, 112.21 Total liabilities (Part X, line 26)25, 189.28, 209.22 Net assets or fund balances. Subtract line 21 from line 20436, 699.460, 903.						
17       Other expenses (Part X, columit (A), lines Tra Ttd, Ttd 24e)       1357, 2051       1307, 2051         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         10       35, 073.       24, 204.         10       461, 888.       489, 112.         11       Total assets (Part X, line 16)       25, 189.       28, 209.         12       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	ŝ					•
17       Other expenses (Part X, columit (A), lines Tra Ttd, Ttd 24e)       1357, 2051       1307, 2051         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         10       35, 073.       24, 204.         10       461, 888.       489, 112.         11       Total assets (Part X, line 16)       25, 189.       28, 209.         12       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	en se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17       Other expenses (Part X, columit (A), lines Tra Ttd, Ttd 24e)       1357, 2051       1307, 2051         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       899, 514.       448, 960.         19       Revenue less expenses. Subtract line 18 from line 12       35, 073.       24, 204.         10       35, 073.       24, 204.         10       461, 888.       489, 112.         11       Total assets (Part X, line 16)       25, 189.       28, 209.         12       Net assets or fund balances. Subtract line 21 from line 20       436, 699.       460, 903.	×pe		•••••••••••••••••••••••••••••••••••••••	0.		150 500
19         Revenue less expenses. Subtract line 18 from line 12         35,073.         24,204.           beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         461,888.         489,112.           21         Total liabilities (Part X, line 26)         25,189.         28,209.           22         Net assets or fund balances. Subtract line 21 from line 20         436,699.         460,903.	ш					
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         461,888.         489,112.           21         Total liabilities (Part X, line 26)         25,189.         28,209.           22         Net assets or fund balances. Subtract line 21 from line 20         436,699.         460,903.						
20       Total assets (Part X, line 16)       461,888.       489,112.         21       Total liabilities (Part X, line 26)       25,189.       28,209.         22       Net assets or fund balances. Subtract line 21 from line 20       436,699.       460,903.			Revenue less expenses. Subtract line 18 from line 12			
20       Total assets (Part X, line 16)       461,888.       489,112.         21       Total labilities (Part X, line 26)       25,189.       28,209.         22       Net assets or fund balances. Subtract line 21 from line 20       436,699.       460,903.	s or					
21 Total liabilities (Part X, line 26)25, 189.28, 209.22 Net assets or fund balances. Subtract line 21 from line 20436, 699.460, 903.	sset	20		······		•
Z Net assets or fund balances. Subtract line 21 from line 20       450,099.       460,903.	et A.	21				
Part II – Signature Block	Ž,	<u>22</u>	Net assets or fund balances. Subtract line 21 from line 20		430,099.	400,903.

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

Sign	Signature of off	icer			Date	
-	HUGH PAF	RRY, PRESIDENT				
	Type or print na	me and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN
Paid	RICHARD	LEICHT	RICHARD LEICHT	09/25	/23 self-employed	P01378913
Preparer	Firm's name	BONADIO & CO., LL	P		Firm's EIN 16-	1131146
Use Only	Firm's address	171 SULLY'S TRAIL				
		PITTSFORD, NY 145	34		Phone no. (585	) 381-1000
May the IRS discuss this return with the preparer shown above? See instructions						X Yes No
232001 12-1	3-22 LHA F	or Paperwork Reduction Act Notic			Form <b>990</b> (2022)	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2022) UNITED WAY OF NEW YORK STATE	14-1705108	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TO STRENGTHEN THE CAPACITY OF LOCAL UNITED WAYS THROUGH T CHARITABLE HUMAN SERVICE ACTIVITIES TO BE LEADERS IN ACHI		
	THAT IMPROVE THE LIVES OF ALL NEW YORKERS.	LEVING RESUL	11.2
	INAI IMPROVE THE DIVES OF ADD NEW TORRERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		s X No
	If "Yes," describe these new services on Schedule O.		110
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	<b>Ye</b>	s X No
Ū	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 n	neasured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	
	revenue, if any, for each program service reported.	.,	
4a	102 002 05 000	ue\$ 197,	<b>448.</b> )
	MEMBER SERVICES - COORDINATION OF INFORMATION AND TRAININ	NG SERVICES	TO
	MEMBERS, INDIVIDUAL CONSULTATION, AND RESEARCH OF MEMBERS	5.	
4b	(Code:) (Expenses \$141,399. including grants of \$) (Revenue (Code:)) (Revenue (Co		, <b>367.</b> )
	2-1-1 - PROVISION OF ADMINISTRATIVE SERVICES TO 2-1-1 NEW	VYORK,	
	MANAGEMENT OR POLICY ISSUES, AND SUPPORT TO 2-1-1 BOARD.		
4.0	(Code: ) (Expenses \$ 117,643. including grants of \$ ) (Revenue	•	
4c	(Code:) (Expenses \$) (Revenue PUBLIC POLICY - SURVEY OF MEMBER ISSUES, RESEARCH ON ISSUES		<u> </u>
	PROPOSALS, TRACKING ISSUE PROGRESS, INFORMING NETWORK OF		
	OUTCOMES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 362,045.	,	
		Form	<b>990</b> (2022)
232002	2 12-13-22		. /
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2022.04030 UNITED WAY OF NEW YORK ST 02159\_\_1

Form 990 (202				W YORK	STATE
Part IV C	necklist of Required Sc	hedules	S		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
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?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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? <i>If</i> "Yes." <i>complete Schedule D</i> .			
d		11a	x	
h	Part VI	11a		
5	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	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	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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. See instructions	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		<u> </u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		<b>.</b>	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		000-1
232003	12-13-22	⊦orm	<b>990</b> (	2022)

232003 12-13-22

4 2022.04030 UNITED WAY OF NEW YORK ST 02159\_1

Form	990	(2022)
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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		<u> </u>
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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		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		х
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	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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	х	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 5			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c	х	
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2022.04030 UNITED WAY OF NEW YORK ST 02159\_\_1

Form	990 (2022) UNITED WAY OF NEW YORK STATE	14	-170510	8	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			_	Yes	s 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	4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		x a	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			а	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		<b>b</b>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		a	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 A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			а	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5	X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			0	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	any contributions that were not tax deductible as charitable contributions?			a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi				
	were not tax deductible?			5	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to t	the payor? <b>7</b>	a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			5	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?			c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		f	x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as requ	uired? <b>7</b>	g	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form <sup>-</sup>	1098-C? <b>7</b>	n	<u> </u>
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?			;	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а				a	<b>—</b>
b				о 	-
10	Section 501(c)(7) organizations. Enter:				
a	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:				
	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
40-	amounts due or received from them.)	10412			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12	a	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
a	Is the organization licensed to issue qualified health plans in more than one state?			a	
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
U	organization is licensed to issue qualified health plans	13b			
<b>^</b>	Enter the amount of reserves on hand	13c			
			14	a	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		······		
.0	excess parachute payment(s) during the year?		1	5	x
	If "Yes," see the instructions and file Form 4720, Schedule N.		·····	-	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	1	3	x
	If "Yes," complete Form 4720, Schedule O.		····· F		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			7	
	If "Yes," complete Form 6069.				
232005	i 12-13-22		Fo	orm <b>99</b>	<b>D</b> (2022)
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#### UNITED WAY OF NEW YORK STATE

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

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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. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec.	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finano	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 books and records HUGH PARRY - 518-608-6456			
	800 TROY-SCHENECTADY ROAD, 2ND FLOOR, LATHAM, NY 12110-2424			

Part VII	Compensation of Officers,	Directors, Trustees	, Key Employees,	<b>Highest Compensate</b>	d
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	suadu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		hold	t con /ee		1099-NEC)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HUGH PARRY	28.00	_	_	0	-	1 0				
PRESIDENT	7.00			х				115,385.	0.	9,441.
(2) KELLY DODD	8.75									
VICE PRESIDENT	26.25			Х				58,935.	0.	7,474.
(3) JOE WESLEY	2.00									
DIRECTOR		Х						0.	0.	0.
(4) EICHAKEEN MCCLARY	2.00									
DIRECTOR		Х						0.	0.	0.
(5) PAULETTE CROOKE	2.00									
DIRECTOR		Х						0.	0.	0.
(6) KARI BUCH	2.00									_
DIRECTOR		Х						0.	0.	0.
(7) DARLEY WILLIS	2.00									-
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(8) DENNIS MULLEN	2.00								•	•
DIRECTOR		Х						0.	0.	0.
(9) JEANNINE MONTANO	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) PATRICK COSTELLO	2.00									•
DIRECTOR		Х						0.	0.	0.
(11) JUNE BLANC	2.00								0	0
SECRETARY	0.00	Х		Х				0.	0.	0.
(12) DALLAS SUTTON	2.00			37				•	0	0
TREASURER	2 00	Х		Х				0.	0.	0.
(13) MARY E SULLIVAN	2.00	х		х				0.	0.	0.
BOARD VICE CHAIR (14) PETER GANNON	2.00	Λ		Δ				0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(15) AMY ROHLER	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	х						0.	0.	0.
(16) THERESA A REGNANTE	2.00	Δ						0.	0.	
DIRECTOR	2.00	х						0.	0.	0.
(17) ROBERT GORMAN	2.00									<u> </u>
BOARD CHAIR		х		х				0.	0.	0.
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Form 990 (2022)

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Part VII Section A. Officers, Directors, Tru	ustees, Key Emp	oloy	ees,	and	l Hig	ghest	t C	ompensated Employee	s (continued)	
(A)	(B)			(C	)			(D)	(E)	(F)
Name and title	Average	(do	not ch	Posi			ne	Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation	compensation	amount of
	(list any						,	from the	from related	other
	hours for	direct				-		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	In dividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High emp	Богг			
(18) ALAN HERTEL	2.00							0	0	0
DIRECTOR	2.00	Х						0.	0.	0.
(19) SUSAN LEBLAN-DUROCHER	2.00	x						0.	0.	0.
DIRECTOR (20) ELIZABETH MONACO	2.00	Δ						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(21) JOHN C. BERNARDI	2.00	~						0.	0.	0.
DIRECTOR	2:00	x						0.	0.	0.
(22) DIETRA HARVEY	2.00									
DIRECTOR	2100	x						0.	0.	0.
(23) GREG BASSUK	2.00									
DIRECTOR		х						0.	0.	0.
(24) TOM GABRIEL	2.00									
DIRECTOR		х						0.	0.	0.
1b Subtotal								174,320.	0.	16,915.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								174,320.	0.	16,915.
2 Total number of individuals (including but	not limited to th	ose	listeo	d ab	ove)	) who	o re	eceived more than \$100,	000 of reportable	1
compensation from the organization										
• District a second state that are former of the										Yes No
<b>3</b> Did the organization list any <b>former</b> office			•	•	•			• •		3 X
<ul><li>line 1a? If "Yes," complete Schedule J for</li><li>For any individual listed on line 1a, is the</li></ul>										3 11
and related organizations greater than \$1									-	4 X
5 Did any person listed on line 1a receive o	,									
rendered to the organization? If "Yes." co	•							•		5 X
Section B. Independent Contractors		<u></u>	<u> </u>		/0/00					
1 Complete this table for your five highest of	compensated inc	lepe	nder	nt co	ontra	ctor	s th	nat received more than \$	100,000 of compensat	tion from
the organization. Report compensation for	or the calendar ye	ear e	endin	g wi	ith o	r wit	hin	the organization's tax y	ear.	
(A)								(B)		(C)
Name and busines	ss address	NC	ONE				_	Description of s	ervices C	ompensation
							_			
							+			
							$\neg$			
							$\neg$			
2 Total number of independent contractors	(including but n	ot lin	nited	to t	hos	e list	ed	above) who received mo	ore than	
\$100,000 of compensation from the orga					0					
										Form <b>990</b> (2022)

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		(2022) UNITED WAY O	F NEW YORK	STATE		14-1705	108 Page <b>9</b>
Pa	t VI	II Statement of Revenue					
		Check if Schedule O contains a response	e or note to any line	e in this Part VIII	(B)	(	
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue		<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns 1a					
ran	b						
An G	c	Fundraising events 1c					
Sift: ar /	c	Related organizations 1d					
imi)	e	Government grants (contributions)	2,500.				
er S	f						
đđ		similar amounts not included above 1f	59,473.				
Contributions, Gifts, Grants and Other Similar Amounts	ĝ	Noncash contributions included in lines 1a-1f		61,973.			
<u>0</u> a	r	Total. Add lines 1a-1f	Business Code	01,975.			
	0 9	ADMINISTRATIVE SUPPORT	561000	212,367.	212,367.		
vice	z a b		900099	197,448.	197,448.		
Ser	c						
am	c						
Program Service Revenue	e						
Ъ,	f	All other program service revenue					
	g	Total. Add lines 2a-2f		409,815.			
	3	Investment income (including dividends, inte		1 276			1 200
	_	other similar amounts)		1,376.			1,376.
	4	Income from investment of tax-exempt bond	·				
	5	Royalties	(ii) Personal				
	6 a						
	b						
	c						
	c						
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	b	Less: cost or other basis					
evenue		and sales expenses 7b					
eve		Gain or (loss)					
Ĕ		I Net gain or (loss)	·····				
Other	88	including \$ of					
0		contributions reported on line 1c). See					
		Part IV, line 18	a				
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9					
			b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	F	and allowances 10 Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a	L					
scellaneo <u>Revenue</u>	b						
Sells	c						
Miscellaneous <u>Revenue</u>		All other revenue					
-		Total. Add lines 11a-11d			400 015		1 200
	12	Total revenue. See instructions		473,164.	409,815.	0.	1,376. Form <b>990</b> (2022
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UNITED WAY OF NEW YORK STATE

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#### Form 990 (2022)

UNITED WAY OF NEW YORK STATE Part IX Statement of Functional Expenses

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

7b, 8i 1 2 3	bt include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
2	Ũ		expenses	general expenses	expenses
2 3			ľ		•
3	and domestic governments. See Part IV, line 21 🛛 🗌 🗌	25,000.	25,000.		
3	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
i	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,				
1	trustees, and key employees	202,142.	178,835.	23,307.	
	Compensation not included above to disqualified				
ſ	persons (as defined under section 4958(f)(1)) and				
I	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	48,756.	40,159.	8,597.	
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,293.	1,888.	405.	
	Other employee benefits	-	-		
	Payroll taxes	20,170.	14,020.	6,150.	
	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting	36,252.	15,068.	21,184.	
	Lobbying	60,190.	60,190.		
	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.)	8,425.	7,133.	1,292.	
	Advertising and promotion				
	Office expenses	4,263.		4,263.	
	Information technology			,	
	Royalties				
	Occupancy	6,930.		6,930.	
	Travel	16,169.	16,169.	,	
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	2,620.	2,620.		
	Interest	,	,		
	Payments to affiliates				
	Depreciation, depletion, and amortization	313.		313.	
	Insurance	2,789.		2,789.	
24	Other expenses. Itemize expenses not covered				
i	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.)				
	TELEPHONE	7,228.	963.	6,265.	
	EQUIPMENT LEASING/MAINT	5,420.		5,420.	
c .	~				
d					
•	All other expenses				
	Total functional expenses. Add lines 1 through 24e	448,960.	362,045.	86,915.	0
	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2022)

Form 990 (2022)

Part X Balance Sheet

#### UNITED WAY OF NEW YORK STATE

		Check if Schedule O contains a response or not	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			24,848.	1	24,786.
	2	Savings and temporary cash investments			338,897.	2	339,239.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	19,520.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9				2,455.	9	2,439.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,467.			
	b	Less: accumulated depreciation	10b	7,467. 4,647.	0.	10c	2,820.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	95,688.	15	100,308.		
	16	Total assets. Add lines 1 through 15 (must equ	461,888.	16	489,112.		
	17	Accounts payable and accrued expenses		15,264.	17	24,709.	
	18	Grants payable		18			
	19	Deferred revenue	9,925.	19	3,500.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV c	of Schedule D		21	
s	22	Loans and other payables to any current or form	ner office	er, director,			
litie		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
Ξ	23	Secured mortgages and notes payable to unrela	ated thire	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			25,189.	26	28,209.
		Organizations that follow FASB ASC 958, che	ck here	X			
ce		and complete lines 27, 28, 32, and 33.			111 600		
llan	27		-	411,699.	27	411,354.	
Ba	28	Net assets with donor restrictions	25,000.	28	49,549.		
pun		Organizations that do not follow FASB ASC 9	ck here				
Ē		and complete lines 29 through 33.					
ts o	29	Capital stock or trust principal, or current funds				29	
sei	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			425 500	31	4.60.000
Ne	32	Total net assets or fund balances			436,699.	32	460,903.
	33	Total liabilities and net assets/fund balances			461,888.	33	489,112.

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Form 990 (2022)

	1990 (2022) UNITED WAY OF NEW YORK STATE	14 - 170	5108	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2			60.
3	Revenue less expenses. Subtract line 2 from line 1	3			04.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	430	5,6	99.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	460	),9	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
				000	

Form **990** (2022)

232012 12-13-22

SCH	EDL	JLE	Α

Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

### Name of the organization

Name	e of t	he organization							identification number			
_		UNIT	ED WAY OF 1	NEW YORK STAT	ГЕ			1	4-1705108			
Par	tI	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ו 990).)							
3		A hospital or a cooperative					-					
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,			
-		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in			
-		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6 [		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 [	X	An organization that norma	Ily receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	oublic described in			
-		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 [		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college										
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or			
		university:										
10 [		An organization that norma	•					-	•			
		activities related to its exen							-			
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	ifter June 30, 1975.			
		See section 509(a)(2). (Co					0(-)(4)					
11 [		An organization organized a	-	•	•							
12 [		An organization organized a	-	-	-			•				
		more publicly supported or lines 12a through 12d that	-									
а		<b>Type I.</b> A supporting orga	• •					-	aivina			
a		the supported organization		-	• • • •	-						
		organization. You must o			majonty c				ipporting			
b		<b>Type II.</b> A supporting org	-		ion with it	s sunnorte	d organizatio	n(s) hy hay	vina			
	L	control or management o	-				-		•			
		organization(s). You mus										
с		Type III functionally inte			in connect	tion with, a	and functional	lv integrate	d with			
•		its supported organization						.,	,			
d		] Type III non-functionally		-				ted organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instruct	•		•		-					
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
		functionally integrated, or	r Type III non-functior	nally integrated supportin	ng organiz	ation.						
f	Ente	r the number of supported o	organizations									
g		vide the following information		d organization(s).								
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed	(v) Amount of		(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)			
Total												
าบเสเ												

#### Schedule A (Form 990) 2022

UNITED WAY OF NEW YORK STATE

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.)

26	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	375,924.	424,919.	314,385.	699,782.	61,973.	1876983.
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		404 010	244 205		61 0 7 0	100000
4	Total. Add lines 1 through 3	375,924.	424,919.	314,385.	699,782.	61,973.	1876983.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
~	column (f)						1876983.
	Public support. Subtract line 5 from line 4.						10/0903.
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	(a) 2018 375,924.	424,919.	314,385.	699,782.	61,973.	(f) Total 1876983.
	Gross income from interest,	575,524.	424,919.	514,505.	055,702.	01,575.	10705051
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,440.	4,964.	2,615.	1,352.	1,376.	12,747.
9	Net income from unrelated business		1,5010	2,0100			
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1889730.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for the			fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
	organization, check this box and <b>stop</b>	p here					
See	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.33 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>99.46 %</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o	-					
	and <b>stop here.</b> The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	-	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 1/a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

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	Schedule A	Form	990	) 2022
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#### UNITED WAY OF NEW YORK STATE 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	e tests l	isted	below,	please	complete	Part	II.
Section A	Dub	lic Sun	nort						

Set	Stion A. Fublic Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	2022	(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 disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975							
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) c	organizatic	on,
0.1							<u></u>	
	ction C. Computation of Publi					<del></del>		
	Public support percentage for 2022 (I		•	column (f))		15		%
<u>16</u> Sec	Public support percentage from 2021 ction D. Computation of Invest					16		%
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
18	Investment income percentage from					18		%
19a	<b>33 1/3% support tests - 2022.</b> If the						and line 17	7 is not
	more than 33 1/3%, check this box a	-	•		••••			
b	<b>33 1/3% support tests - 2021.</b> If the	-						nd
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins			
23202	23 12-09-22		1.0			S	chedule A	(Form 990) 2022

16

#### UNITED WAY OF NEW YORK STATE

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

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10b | Schedule A (Form 990) 2022

#### Schedule A (Form 990) 2022 UNITED WAY OF NEW YORK STATE

Pa	t IV	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 on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
с	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	3. Type I Supporting Organizations			
				Yes	No
1	more direct effect	the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	-	pred organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(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	d. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

 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
 Image: Control or management of the support of the s

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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 on 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	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 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 on 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.* 

 Yes
 No

 2a

 2a

 2b

 2b

 3a

 3b

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13300925 784124 02159

18

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):			
а	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-functional	ly integrated	d Type III supporting orga	anization (see
	instructions).			
				Schedule A (Form 990) 2022

	Check here if the organization sa	atisfied the Integral Part	Test as a qualifying trus	st on Nov. 20,	1970 ( <i>explair</i>	n <i>in</i> <b>Part VI</b> ).	See instructions.
	All other Type III non-functionally	integrated supporting	organizations must com	plete Section	s A through E.		

UNITED WAY OF NEW YORK STATE

232026 12-09-22

(B) Current Year

(optional)

(A) Prior Year

1

2

3 4

5

6

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

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)

1

5

Schedule A (Form 990) 2022

Section A - Adjusted Net Income

1 Net short-term capital gain

4 Add lines 1 through 3.

2 Recoveries of prior-year distributions **3** Other gross income (see instructions)

Depreciation and depletion

e Excess from 2022

Schedule A (Form 990) 2022

Section D - Distributions

#### UNITED WAY OF NEW YORK STATE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
-	organizations, in excess of income from activity				
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	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	e organization is responsive			
Ū	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		r	10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
	From 2018				
	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
4					
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	- /				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Execces from 2021				

Schedule A (Form 990) 2022

**Current Year** 

Schedule A	(Form 990) 2022	UNITED	WAY C	OF NEW	YORK	STATE	14-1705108 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, an (See instructions.)	rmation. Prov 1, 2, 3b, 3c, 4b, ), lines 2 and 3; F d 8; and Part V, S	vide the ex 4c, 5a, 6, Part IV, Sec Section E,	xplanations r 9a, 9b, 9c, <sup>-</sup> ction E, lines lines 2, 5, a	required by 11a, 11b, a s 1c, 2a, 2 nd 6. Also	y Part II, line 10 and 11c; Part IV b, 3a, and 3b; I complete this	); Part II, line 17a or 17b; Part III, line 12; /, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
232028 12-09-2	2				21		Schedule A (Form 990) 2022

(form 990)     For Organizations Exempt From Income Tax Under section 501(c) and section 527     Complete if the organization is described below. Attach to Form 990 or Form 990; EZ.     Open to Public     Open to Publ	SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
Determined with a Treasy'         Complete if the organization is described below. A tach to Form 990 refers 190 refersion in the organization and the integration in the organization is complete Part IA.         Open to provide Part IA.         Open to provide Part IA.                Section 501 (c)(3) organizations: Complete Part IA.             et al. (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	(Form 990)	For Org	2022				
Other With State         Inspection         Inspection           If the organization surveyed "Yes," on Form 990, Part IV, line & or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then         • Section 501(c)(3) organizations: Complete Part I A and B. Do not complete Part I B.         • Section 501(c)(3) organizations: Complete Part I A. and B. Do not complete Part I B.           • Section 501(c)(3) organizations: Complete Part I A.         • Section 501(c)(3) organizations: Complete Part I A.           If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 900-EZ, Part V, line 71 (Lobying Activities), then         • Section 501(c)(3) organizations that have 100 T into F376 (election under section 501(t)): Complete Part I B.         • Do not complete Part I A.           If the organization nanswered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part IA.           If the organization is granication is exempt under section 501(c) or is a section 527 organization.         Instruction number           Invisite a description of the organization is seempt under section 501(c)(3).         Intert the anount of any exole tax incurred by regranization nanger activities.           Part I-B         Complete if the organization is exempt under section 501(c)(3).         Intert the anount of any exole tax incurred by regranization makers exels.         S           If the organization is exempt under section 501(c), except section 501(c)(3).         Intert the ano		_	-				Open to Public
	-	-			ne 46 (Political Camp	aign Ac	tivities), then
	.,.,	•	•	•	Do not complete Do	+ 1 D	
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part IV, line 47 (Lobbying Activities), then  Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(b)): Complete Part IIA. Do not complete Part IIA. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 36c (Proxy Tax) (See separate instructions), then  Section 501(c)(4), (6), or (8) organizations: Complete Part III. Name of organization  UNITED WAY OF NEW YORK STATE  Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization.  Part I-B Complete If the organization is direct and indirect political campaign activities in Part IV.  Part I-B Complete If the organization is exempt under section 501(c) (3).  Frat He amount of any excise tax incurred by organization managers under section 4955  Frat He amount of any excise tax incurred by organization managers under section 4955  Frat He amount of any excise tax incurred by organization resettion 501(c), except section 501(c)(3).  Frat He amount of any excise tax incurred by organization managers under section 4955  Frat He amount of any excise tax incurred by organization resettion 501(c), except section 501(c)(3).  Frat He amount of any excise tax incurred by organization managers under section 4955  Frat He amount of any excise tax incurred by organization managers under section 501(c), except section 501(c)(3).  Frat He amount of the ing organization is exempt under section 501(c), except section 501(c)(3).  Frat He amount of the ing organization is exempt under section 501(c), except section 501(c)(3).  Frat He amount of the ing organization in the cort of the reganization for section 527 exempt function activities  Frat He amount of the ing organization in the activity explored by the ing organization in the reganization in Part IV.  Frat He amount of the ing organization in the form 1120 POL, in the reganization life form				Faits I-A and C below.	Do not complete Pai	ι I-D.	
	•	•	•	rm 990-EZ, Part VI, li	ne 47 (Lobbving Act	ivities). t	hen
If the organization answered "Ves," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions) of organization Sumplex Part II.  Name of organization UNITED WAY OF NEW YORK STATE Ind -1705108 Part I-A Complete If the organization is exempt under section 501(c) or is a section 527 organization.  Provide a description of the organization is exempt under section 501(c) or is a section 527 organization.  Part I-B Complete If the organization is exempt under section 501(c)(3).  Fart I-B Complete If the organization is exempt under section 4955  S  Complete If the organization is exempt under section 501(c)(3).  Fart I-B Complete If the organization under section 4955  S  Complete If the organization is exempt under section 4955  The refine amount of any exise tax incured by up organization ander section 4955  I The organization numed a section 4955 tax, did it file Form 4720 for this year?  Part I-C Complete If the organization is exempt under section 501(c), except section 501(c)(3).  Fart the anount of the filing organization for section 527 cexempt function activities  Part I-C Complete If the organization is exempt under section 501(c), except section 501(c)(3).  Fart the anount of the filing organization for section 527 cexempt function activities  S  C  Complete If the organization is exempt under section 501(c), except section 501(c)(3).  Fart the anount directly sepended by the filing organization for section 527 cexempt function activities  S  C  Complete If the organization is exempt under section 527 political organization function activities  C  C  Complete If the organization is exempt under section 527 political organizations function activities  S  C  C  C  C  C  C  C  C  C  C  C  C  C							
Tax) (See separate instructions), then <ul> <li>Section 501(c)(4), (5), or (6) or ganizations: Complete Part III.</li> </ul> Employer identification number 14 - 1705108            Part I-A         Complete if the organization is exempt under section 501(c) or is a section 527 organization.              \$            1         Provide a description of the organization is exempt under section 501(c)(3).              \$            1         Provide a description of the organization is exempt under section 501(c)(3).              \$              2         Political campaign activities              \$               Complete if the organization is exempt under section 501(c)(3).           1         Enter the amount of any excise tax incurred by organization managers under section 4955               \$               Are and a vare accore on made?               Yes               No              Wes               No              Wes               No              S               No              Wes               No              bit from organization incurred a section 4955               \$             1Enter the amount of any excise tax incurred by the organization for section 527 copintical organization incurred a section 4950 <td><ul> <li>Section 501(c)(3) org</li> </ul></td> <td>ganizations that h</td> <td>nave NOT filed Form 5768 (election</td> <td>on under section 501(h</td> <td>n)): Complete Part II-B</td> <td>. Do not</td> <td>complete Part II-A.</td>	<ul> <li>Section 501(c)(3) org</li> </ul>	ganizations that h	nave NOT filed Form 5768 (election	on under section 501(h	n)): Complete Part II-B	. Do not	complete Part II-A.
	If the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	y Tax) (See separate i	instructions) or Forn	n 990-EZ	, Part V, line 35c (Proxy
Name of organization       Employer identification number 14 - 1705108         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.         2       Political campaign activities         9       Volunteer hours for political campaign activities         9       Complete if the organization is exempt under section 501(c)(3).         1       Enter the amount of any excise tax incurred by organization managers under section 4955         2       Enter the amount of any excise tax incurred by organization managers under section 4955         3       If the organization incurred a section 4955 tax, did if the Form 4720 for this year?         9       If the organization incurred by the organization for section 501(c), except section 501(c)(3).         1       Enter the amount of the ing organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount of the fing organization is contributed to other organizations for section 527 contictal organization to 27         2       Enter the amount of the fing organization is and 2. Enter here and on Form 1120-POL, tor this year?         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, tor this graphical organizations to which the thing organization function studies on there organization isted, enter the amount paid form the fing organi	<i>,</i> , ,						
UNITED WAY OF NEW YORK STATE       14-1705108         Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.       \$         2       Political campaign activity expenditures.       \$         3       Volunteer hours for political campaign activities       \$         Part I-B       Complete if the organization is exempt under section 501(c)(3).       \$         1       Enter the amount of any excise tax incurred by the organization under section 4955       \$         2       Enter the amount of any excise tax incurred by the organization margers under section 4955       \$         3       If the organization inscured by the organization for arection 501(c), except section 501(c)(3).         1       Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount of the filing organization is funds contributed to other organizations for section 527 exempt function activities       \$         3       Total segment function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17.0°       \$         4       Did the filing organization is lack, enter the amount paid form the ling organization is under expenditures.       \$         5       Total sexempt function expenditures. Add lines 1 and 2. Enter		), or (6) organizat	ions: Complete Part III.			Employ	or identification number
Part I-A       Complete if the organization is exempt under section 501(c) or is a section 527 organization.         1       Provide a description of the organization's direct and indirect political campaign activities in Part IV.       S         2       Political campaign activity expenditures       \$         3       Volunteer hours for political campaign activities       \$         Part I-B       Complete if the organization is exempt under section 501(c)(3).       I Enter the amount of any excise tax incurred by the organization under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$       I wes         4       Was a correction made?       I ves       No         0       I'res," describe in Part IV.       Pers       No         4       Was a correction made?       I ves       No         5	Name of organization		WAV OF NEW VORK	ያመአመድ		Employ	
Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political campaign activity expenditures 3 Volunteer hours for political campaign activities  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 5  2 Enter the amount of any excise tax incurred by organization managers under section 4955 5  3 If the organization incurred a section 4955 bit is earned by organization managers under section 4955 5  4 Enter the amount of any excise tax incurred by organization managers under section 4955 5  5  5  5  5  6  6  7  7  7  7  7  7  7  7  7  7  7  7  7	Part I-A Compl				or is a section 5	27 orga	
Political campaign activity expenditures     S     Volunteer hours for political campaign activities     S     Volunteer hours for any excise tax incurred by the organization under section 4955     S     Tert the amount of any excise tax incurred by organization managers under section 4955     Ves     Ves     No     b If 'Yes,' describe in Part W.     Part LC     Complete if the organization is exempt under section 501(c), except section 501(c)(3).     I Enter the amount of the filing organization for section 527 exempt function activities     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     S     Total exempt function expenditures and directly and directly dire		<u> </u>					
Political campaign activity expenditures     S     Volunteer hours for political campaign activities     S     Volunteer hours for any excise tax incurred by the organization under section 4955     S     Tert the amount of any excise tax incurred by organization managers under section 4955     Ves     Ves     No     b If 'Yes,' describe in Part W.     Part LC     Complete if the organization is exempt under section 501(c), except section 501(c)(3).     I Enter the amount of the filing organization for section 527 exempt function activities     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     S     Total exempt function expenditures and directly and directly dire	1 Provide a description	on of the organiz	ation's direct and indirect politica	al campaign activities i	n Part IV.		
3 Volunteer hours for political campaign activities   Part I-B Complete if the organization is exempt under section 501(c)(3).   1 Enter the amount of any excise tax incurred by the organization under section 4955   2 Enter the amount of any excise tax incurred by organization managers under section 4955   3 If the organization incurred by organization managers under section 4955   5 If 'Yes,' describe in Part IV.   Part I-C   Complete If the organization is exempt under section 501(c), except section 501(c)(3).   1 Enter the amount of the filing organization is exempt under section 501(c), except section 501(c)(3).   1 Enter the amount directly expended by the filing organization for section 527 exempt function activities   2 Enter the amount of the filing organization is 1 and 2. Enter here and on Form 1120-POL, line 17b   1 ine 17b   4 Did the filing organization life Form 1120-POL for this year?   5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization is duriced to dever the amount political organization is 4. (d) directly delivered to a separate political organization is duriced up on the political organization is funds. If none, enter -0.   6 No   5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organization is duriced up directly delivered to a separate political organization is duriced and promptly and directly delivered to a separate political organization is funds. If none, enter -0.   6 Did Mame (b) Address   (c) EIN (d) Amount paid from filing organization.   in one, enter -0.						\$	
1       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, idi it file Form 4720 for this year?       \$       Yes       No         4       Was a correction made?       >       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).       I       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$	3 Volunteer hours for	political campai					
1       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         2       Enter the amount of any excise tax incurred by organization managers under section 4955       \$         3       If the organization incurred a section 4955 tax, idi it file Form 4720 for this year?       \$         4       Was a correction made?       >       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).       I         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$			<del> </del>				
Enter the amount of any excise tax incurred by organization managers under section 4955     If the organization incurred a section 4955 tax, did if file Form 4720 for this year?		-			3).		
3       If the organization incurred a section 4955 tax, did it file Form 4720 for this year?       Yes       No         4a Was a correction made?       Yes       No         b If "Yes;" describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$         2       Enter the amount of the filing organization's funds contributed to other organizations for section 527       exempt function activities       \$         3       Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b       \$			, .				
4a Was a correction made?       Yes       No         b If "Yes," describe in Part IV.       Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$							
b If "Yes," describe in Part IV.         Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1 Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$							
Part I-C       Complete if the organization is exempt under section 501(c), except section 501(c)(3).         1       Enter the amount directly expended by the filing organization for section 527 exempt function activities       \$	<b>b</b> If "Yes." describe in	n Part IV.					
Enter the amount of the filing organization's funds contributed to other organizations for section 527     exempt function activities     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     S     Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,     line 17b     Did the filing organization file Form 1120-POL for this year?     Did the filing organization file Form 1120-POL for this year?     Did the filing organization listed, enter the amount paid from the filing organizations to which the filing organization     made payments. For each organization listed, enter the amount paid from the filing organization, such as a separate segregated fund or a     political action committee (PAC). If additional space is needed, provide information in Part IV.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from     filing organization's     funds. If none, enter -0.     (e) Amount of political     contributions received and     promptly and directly     delivered to a separate     political organization.     If none, enter -0.	Part I-C Comple	ete if the org	anization is exempt unde	er section 501(c),	except section a	501(c)(	3).
exempt function activities       \$	1 Enter the amount d	lirectly expended	I by the filing organization for sec	tion 527 exempt funct	ion activities	\$ _	
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b       \$	2 Enter the amount o	f the filing organ	ization's funds contributed to oth	ner organizations for se	ection 527		
line 17b       \$	•					\$_	
Did the filing organization file Form 1120-POL for this year?     Image payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization in Part IV.     (a) Name     (b) Address     (c) EIN     (d) Amount paid from filing organization.     If none, enter -0.     (e) Amount of political organization.     If none, enter -0.     (f) none, enter -0.	•	·					
5       Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization is funds. If none, enter -0.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization. If none, enter -0.         (c) EIN       (d) Amount paid from filing organization.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         (c) EIN       (c) EIN       (d) Amount paid from filing organization.         (c) EIN       (c) EIN       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.         (c) EIN       (c) EIN       (c) EIN       (c) EIN         (c) EIN       (c) EIN       (c) EIN       (c)							
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political organization.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (f) Amount of a separate political organization.         (if none, enter -0.       If none, enter -0.       If none, enter -0.       (f) none, enter -0.         (if none, enter -0.       If none, enter -0.       If none, enter -0.       (f) none, enter -0.         (if none, enter -0.       If none, enter -0.       If none, enter -0.       (f) none, enter -0.       (f) none, enter -0.         (if none, enter -0.       If none, enter -0.       If none, enter -0.       If none, enter -0.       (f) none, enter -0.       (f) none, enter -0.         (if none, enter -0.       If none, enter -0.       If none, enter -	00		,				
contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.         (a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.         Image: the space sequence of the space sequen				<i>,</i> ,	•		
(a) Name       (b) Address       (c) EIN       (d) Amount paid from filing organization's funds. If none, enter -0.       (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0.							
Image: Sector of the sector	political action com	mittee (PAC). If	additional space is needed, provi	de information in Part	IV.	-	
	<b>(a)</b> Name	9	<b>(b)</b> Address	(c) EIN	filing organization	on's o	contributions received and promptly and directly delivered to a separate political organization.
For Paperwork Beduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Schedule C (Form 990) 2022							
				<u> </u>			

τ Notice, see For Paper

edule C (Form 990) 20

232041 11-08-22

		OF NEW YORK			L705108 Page 2
Part II-A Complete if the organ	ization is exer	npt under section	1 501(C)(3) and file	d Form 5768 (el	ection under
expenses, and share o	f excess lobbying	expenditures).	n Part IV each affiliated	group member's nam	ne, address, EIN,
	n Lobbying Expe	nditures		<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
<b>1a</b> Total lobbying expenditures to influence	ce public opinion (	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to influence	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	1a and 1b)				
<b>d</b> Other exempt purpose expenditures					
e Total exempt purpose expenditures (a					
f Lobbying nontaxable amount. Enter th					
If the amount on line 1e, column (a) or (b		bying nontaxable am			
Not over \$500,000 Over \$500,000 but not over \$1,000,00		the amount on line 1e.			
Over \$1,000,000 but not over \$1,500,000		00 plus 15% of the exc 00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,000		00 plus 5% of the exce			
Over \$17,000,000	\$1,000				
g Grassroots nontaxable amount (enter	25% of line 1f)				
h Subtract line 1g from line 1a. If zero or	less, enter -0-				
i Subtract line 1f from line 1c. If zero or			•••••••		
j If there is an amount other than zero o	n either line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this yea					Yes No
(Some organizations that	made a section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all o	f the five columns b	elow.
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	( <b>d</b> ) 2022	<b>(e)</b> Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

232042 11-08-22

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(k	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
а	Volunteers?	X		1	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х			
с	Media advertisements?		X		
d	Mailings to members, legislators, or the public?	X			
	Publications, or published or broadcast statements?	X			
f	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		60	),190.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
j	Total. Add lines 1c through 1i			60	),190.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5), or sec	tion	
	501(c)(6).			Yes	No
				162	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			tion	<u>i</u>
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1	L	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a	L	
b	Carryover from last year		2b	L	
С	Total		<u>2c</u>	ļ	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	ļ	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4	ļ	
	Taxable amount of lobbying and political expenditures. See instructions		5	L	
	t IV Supplemental Information				
instru	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group uctions); and Part II-B, line 1. Also, complete this part for any additional information. T I - A, LINE 1:	list); Part II	-A, lines 1 a	nd 2 (See	
UN	TED WAY OF NEW YORK STATE STAFF AND CONTRACTED LOBB	YISTS	CONDU	CTED	
AD'	OCACY INCLUDING MEETINGS, LETTERS, EMAILS, AND TELE	PHONE	CALLS	WITH	
MEN	IBERS OF THE NEW YORK STATE LEGISLATURE AND THEIR ST	AFFS,	THE G	OVERNC	R
ANI	D HER STAFF IN THE EXECUTIVE CHAMBER, THE DIVISION O	F BUDO	GET, T	<u>HE OFF</u>	'ICE
OF	THE STATE COMPTROLLER, THE OFFICE OF THE ATTORNEY G	ENERA			
23204	3 11-08-22		Schedu	ile C (Form	990) 2022

24

Chedule C (Form 990) 202 Part IV Suppleme	22 UNITED WAY OF NEW YORK STATE ntal Information (continued)	14-1705108 Pag
AWMAKERS, ANI	D STATE POLICYMAKERS TO EDUCATE THEM ON	N ISSUES OF IMPORTANCE
O LOCAL UNITE	ED WAYS, EMPHASIZING PRIORITIES ON EARI	LY CHILDHOOD ISSUES,
2-1-1 INFORMAT	TION AND REFERRAL SERVICES, FINANCIAL S	STABILITY, BASIC NEEDS,
PERSONS WITH I	DISABILITIES, AND ISSUES AFFECTING NOT	FOR PROFIT AGENCIES.
		Schedule C (Form 990) 2

SCHEDULE D	
(Form 990)	I

# **Supplemental Financial Statements**

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

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

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

Employer identification number

14-1705108

Name o	f the org	ganization
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Department of the Treasury

Internal Revenue Service

Part I

#### UNITED WAY OF NEW YORK STATE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

		(a) Donor advise	ed funds	<b>(b)</b> Fui	nds and other acc	ounts
1	Total number at end of year					
	Aggregate value of contributions to (during year)					
	A new nets well a of events from (during week)					
4	Aggregate value at end of year					
	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	xclusive legal control?			Yes	<b>N</b>
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ant funds can be	used only		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose o	conferring		
	impermissible private benefit?				Yes	N
Par	t II Conservation Easements. Complete if the orga	anization answered "Ye	s" on Form 990, I	Part IV, line 7		
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	_			
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically	y important land a	rea
	Protection of natural habitat		Preservation of	a certified h	istoric structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form (	of a conserva	ation easement or	the last
	day of the tax year.				Held at the End o	f the Tax Yea
а	Total number of conservation easements			2a		
	<b>-</b> · · · · · · · · · · ·					
с	Number of conservation easements on a certified historic struct	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired af	ter July 25,2006, and n	ot on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or t	erminated by the	organization	n during the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
	Number of states where property subject to conservation ease Does the organization have a written policy regarding the peric		tion, handling of			
5		odic monitoring, inspect			Yes	
5	Does the organization have a written policy regarding the period	odic monitoring, inspect				
5	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h	odic monitoring, inspect				
5 6	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h	odic monitoring, inspect nolds? andling of violations, ar	nd enforcing cons	servation eas	ements during the	e year
5 6	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h	odic monitoring, inspect nolds? andling of violations, ar	nd enforcing cons	servation eas	ements during the	e year
5 6 7	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h	odic monitoring, inspect holds? andling of violations, ar ng of violations, and en	nd enforcing cons	ervation ease	ements during the	e year
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5 6 7 8	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h 	odic monitoring, inspect nolds? andling of violations, ar ng of violations, and en satisfy the requirement	nd enforcing cons forcing conservat ts of section 170(	servation ease tion easemer h)(4)(B)(i)	ements during the	e year
5 6 7 8 9	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h 	odic monitoring, inspect nolds? andling of violations, ar ng of violations, and en satisfy the requirement	forcing conservat forcing conservat is of section 170(in nue and expense	servation ease tion easemer h)(4)(B)(i) statement ar	ements during the year	e year
5 6 7 8 9	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handli Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footno organization's accounting for conservation easements.	odic monitoring, inspect nolds? andling of violations, ar ng of violations, and en satisfy the requirement n easements in its rever ote to the organization's	forcing conservat s of section 170( nue and expense financial stateme	ervation ease tion easemer h)(4)(B)(i) statement ar ents that des	ements during the nts during the year 	e year
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5 6 7 8 9 <b>Dar</b>	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h 	odic monitoring, inspect nolds? andling of violations, ar ng of violations, and en satisfy the requirement n easements in its rever ote to the organization's <b>Art, Historical Tre</b> 290, Part IV, line 8.	nd enforcing conservat forcing conservat ts of section 170( nue and expense financial stateme asures, or Ot	servation ease tion easemer h)(4)(B)(i) statement ar ents that des her Simila	ements during the nts during the year 	e year
5 6 7 8 9 <b>Dari</b> 1a	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handli Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footno organization's accounting for conservation easements. <b>TIII</b> Organizations Maintaining Collections of a Complete if the organization answered "Yes" on Form S	bdic monitoring, inspect nolds? andling of violations, ar ng of violations, and en satisfy the requirement n easements in its rever ote to the organization's <b>Art, Historical Tre</b> 290, Part IV, line 8.	nd enforcing conservat forcing conservat is of section 170( nue and expense financial stateme <b>asures, or Ot</b> enue statement a	ervation ease tion easemer h)(4)(B)(i) statement ar ents that des her Simila nd balance s	ements during the nts during the year 	e year
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5 6 7 8 9 <b>Part</b> 1a b	Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, h Amount of expenses incurred in monitoring, inspecting, handli Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footnot organization's accounting for conservation easements. <b>t III</b> Organizations Maintaining Collections of A Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publi service, provide in Part XIII the text of the footnote to its finance	bdic monitoring, inspect holds? andling of violations, ard ng of violations, and en satisfy the requirement measements in its rever bte to the organization's <b>Art, Historical Tre</b> 290, Part IV, line 8. a, not to report in its rever cial statements that des b, to report in its revenue	forcing conservat forcing conservat ts of section 170( nue and expense financial statemen asures, or Ot enue statement a , or research in fu cribes these item e statement and b	ervation ease tion easemer h)(4)(B)(i) statement ar ents that des <b>her Simila</b> nd balance s irtherance of is. palance shee	ements during the nts during the year 	e year
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Sche		WAY OF NEW						14-17			<sub>age</sub> 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	<sup>·</sup> Simila	r Assets	conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checł	any of the	following that	make si	gnificant ı	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizatio	n's exen	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, hi	storical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for	contribution	s or other ass	ets not i	ncluded				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										_
		·	-						Amoun	t	
с	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.										]
Par	<b>t V</b> Endowment Funds. Complete	if the organization ar	nswered	"Yes" on Fo							
		(a) Current year	(b) F	Prior year	(c) Two year	s back	(d) Three y	/ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	l)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held a	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								_3b		
	Describe in Part XIII the intended uses of the		wment f	funds.							
Fai	<b>t VI</b> Land, Buildings, and Equipm			/ Kanadan C		Devt V	line 10				
	Complete if the organization answere			,	,			.			
	Description of property	(a) Cost or c basis (investr		. ,	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	e
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				7,467.		4,6	47.		2,8	20.
	Other									_	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn <u>(B), line 1</u>	0c.)					2,8	
								Schodulo		~ ^^^	0000

Schedule D (Form 990) 2022

232052 09-01-22

(2)       (3)         (4)       (5)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book       (b) Book         (1)       Federal income taxes         (2)       (3)         (4)       (5)         (6)       (6)	
(A)         (B)           (B)         (C)           (C)         (C)           (D)         (C)           (D)         (C)           (E)         (C)           (G)	
(B)         (C)           (C)         (C)           (C)         (C)           (C)         (C)           (C)         (C)           (E)         (C)           (F)         (C)           (G)	
(C)       (D)         (E)       (D)         (F)       (D)         (G)       (	
(D)         (E)         (E)           (F)         (E)         (E)           (G)         (E)         (E)	
(E)         (G)           (G)	
(F)       (G)         (G)       (	
(G)         (H)           (H)         (H)           Part VIII         Investments - Program Related.         (D) Book value         (e) Method of valuation: Cost or end-of-year market           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)	
(G)         (H)           (H)         (H)           Part VIII         Investments - Program Related.           Complete if the organization answered "vs" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (b) Eook value         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (1)         (b) Eook         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (a)         (c)         (c) Method of valuation: Cost or end-of-year market         (c)           (f)         (f)         (f)         (f)         (f)           (g)         (f)         (f)         (f)         (f)           (g)         (g) Description         (g) Description         (g)           (f)         (g) Description for msg0, Part X, col. (g) line f5.)         (f)           (g)<	
(H)         Image: Construct of the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (2)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (4)         (c)         (c)         (c)         (c)           (5)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (6)         (c)	
Total. (Cot. (b) must equal Form 990, Part X, col. (b) line 12.)         Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (1)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (2)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (4)         (c)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (6)         (c)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (6)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (d)         (c)         (c)         (c)         (c)         (c)           (1) DUE FROM AFFILIATE         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)	
Part VIII         Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.           (a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (1)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (1)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (3)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (4)         (c)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (6)         (c)         (c) Method of valuation: Cost or end-of-year market         (c) Method of valuation: Cost or end-of-year market           (a)         (c)         (c)         (c)         (c)           (b)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)           (a)         (c)         (c)         (c)         (c)           (c)         (c)         (c) <td></td>	
(a) Description of investment         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (1)         (a)         (b) Book value         (c) Method of valuation: Cost or end-of-year market           (2)         (a)         (b)         (c)         (c)           (3)         (c)         (c)         (c)         (c)           (4)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)           (1) DUE FROM AFFILIATE         (c)         (c)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)         (c)         (c)         (c) <t< td=""><td></td></t<>	
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(1)       (2)         (3)       (3)         (4)       (4)         (5)       (5)         (6)       (7)         (7)       (7)         (8)       (9)         (9)       (1)         Part IX       Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description       (b) Book         (1) DUE FROM AFFILIATE       (10 (2)         (3)       (4)         (4)       (5)         (6)       (1) Column (b) must equal Form 990, Part X, col. (B) line 15.)         (7)       (8)         (9)       (1) Column (b) must equal Form 990, Part X, col. (B) line 15.)         (6)       (1) Federal income taxes         (2)       (2)         (3)       (2)         (4)       (2)         (5)       (2)         (6)       (2)         (7)       (2)         (8)       (1) Federal income taxes         (9)       (2)         (1) Federal income taxes       (2)         (2)       (3)         (4)       (5)         (6)       (5)      <	t value
(2)	
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(7)       (8)	
(6)       (9)       (9)         Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)       (b) Book         Part IX       Other Assets.       (b) Book         (a) Description       (b) Book       100(         (2)       (a)       (b) Book         (3)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (6)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (7)       (c)       (c)       (c)         (7)       (c)       (c)       (c)       (c)         (a)       (c)       (c)       (c)       (c)       (c) <tr< td=""><td></td></tr<>	
(9)       Image: Construct on the second secon	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         (b) Book           Part IX         Other Assets.         (b) Book           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book           (1) DUE         FROM AFFILIATE         100           (2)         100         (c)           (3)         (a) Description         (b) Book           (4)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (c)         (c)           (6)         (c)         (c)         (c)         (c)         (c)           (7)         (c)         (c)         (B) Ine 15.)         100           (7)         (c)         (c)         (B) Ine 15.)         100           (7)         (c)         (B) Ine 15.)         100         (C)           (6)         (b) must equal Form 990, Part X, col. (B) Ine 15.)         100         (C)           (a) Description of liability         (b) Book         (b) Book         (c) Book         (b) Book           (1) Federal income taxes         (c)         (c)         (c)         (c)         (c)	
Part IX         Other Assets.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (b) Book           (1)         DUE         FROM AFFILIATE         100           (2)         (1)         (2)         (1)           (3)         (2)         (2)         (2)           (4)         (2)         (3)         (4)         (4)           (5)         (6)         (7)         (6)         (7)         (6)         (7)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.           (a) Description         (b) Book           (1) DUE FROM AFFILIATE         100(           (2)         (a)           (3)         (b) Book           (4)         (c)           (5)         (c)           (6)         (c)           (7)         (c)           (8)         (c)           (9)         (c)         (c)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         100(           Part X         Other Liabilities.         100(           (1) Federal income taxes         (a) Description of liability         (b) Book           (2)         (a)         (c)         (c)           (3)         (c)         (c)         (c)           (4)         (c)         (c)         (c)           (3)         (c)         (c)         (c)           (4)         (c)         (c)         (c)           (6)         (c)         (c)         (c)	
(a) Description         (b) Book           (1) DUE FROM AFFILIATE         100           (2)         (3)           (3)         (4)           (5)         (6)           (7)         (8)           (9)         (7)           Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)         100           Part X         Other Liabilities.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         100           (1) Federal income taxes         (2)           (3)         (4)           (5)         (6)	
(1) DUE FROM AFFILIATE       10(         (2)       (3)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       10(         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       10(         (1) Federal income taxes       (b) Book         (2)       (3)       (4)         (5)       (6)       (6)	
(2)       (3)         (3)       (4)         (5)       (6)         (6)       (7)         (8)       (9)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability         (b) Book       (1) Federal income taxes         (2)       (3)         (4)       (5)         (6)       (1)	
(3)       (4)         (4)       (5)         (6)       (7)         (7)       (8)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       100         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (2)         (3)       (4)       (5)         (6)       (5)       (6)	0,308
(4)       (	
(5)       (6)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       100         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (2)         (3)       (4)       (5)         (6)       (6)       (6)	
(6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       100         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (2)         (3)       (4)       (2)         (5)       (6)       (1)	
(6)       (7)         (7)       (7)         (8)       (7)         (9)       (7)         Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       100         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (2)         (3)       (4)       (2)         (5)       (6)       (1)	
(7)	
(8)       100         (9)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       100         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (b)         (2)       (a)       (b)         (3)       (b)       (c)         (4)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c)         (b)       (c)       (c)       (c)         (c)       (c)       (c)       (c) <t< td=""><td></td></t<>	
(9)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.       1.         (a) Description of liability       (b) Book         (1) Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)       100         Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (c)         (2)       (d)       (d)         (5)       (e)       (f)         (6)       (f)       (f)	
Part X       Other Liabilities.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (b)         (2)       (3)       (4)         (5)       (6)       (6)	0,308
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.         1.       (a) Description of liability       (b) Book         (1)       Federal income taxes       (b)         (2)       (c)       (c)         (3)       (c)       (c)         (4)       (c)       (c)         (6)       (c)       (c)	
I.     (a) Description of liability     (b) Book       (1) Federal income taxes     (b)       (2)     (c)       (3)     (c)       (4)     (c)       (5)     (c)       (6)     (c)	
(1) Federal income taxes     (2)       (2)     (3)       (3)     (4)       (5)     (6)	value
(2)       (3)         (3)       (4)         (5)       (6)	
(3)       (4)         (5)       (6)	
(4)       (5)       (6)	
(5) (6)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	_
organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part X	<iii td="" 🗌<=""></iii>

13300925 784124 02159

(c) Method of valuation: Cost or end-of-year market value

#### Schedule D (Form 990) 2022 UNITED WAY OF NEW YORK STATE

#### Part VII Investments - Other Securities.

(a) Description of security or category (including name of security)

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

(b) Book value

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 UNITED WAY OF NEW YORK STAT:	E	14-1705108 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	_
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	Other (Describe in Part XIII.)		_
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		-
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Pa	t 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.

232054 09-01-22

SCHEDULE I		G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047	
(Form 990)		Go	vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		2022	
Department of the Treasury		Compi		Attach to Form				Open to Public	
Internal Revenue Service			Go to www.irs	.gov/Form990 for		ation.		Inspection	
Name of the organizati								Employer identification numb	
			YORK STATE					14-1705108	3
	nformation on Grants a								
-	zation maintain records t	_	-			-			
	award the grants or assis IV the organization's pro							Yes X I	NO
Part II Grants and	d Other Assistance to I hat received more than \$	Domestic Organiz	ations and Domestic	Governments. C	complete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and ad	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
UNITED WAY OF NOR 222 RIDGEDALE AVE CEDAR KNOLLS, NJ		22-1487247	501 (C) 3	25,000.	0.			ASSET LIMITED INCOME CONSTRAINED EMPLOYED (ALICE) PROJECT	

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

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

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Supplemental Information. Provide the information					

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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

#### Schedule I (Form 990) 2022 UNITED WAY OF NEW YORK STATE

14-1705108

SCHEDULE O (Form 990)

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



UNITED WAY OF NEW YORK STATE

Employer identification number 14 - 1705108

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

TO BE LEADERS IN ACHIEVING RESULTS THAT IMPROVE THE LIVES OF ALL NEW

YORKERS.

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

THE ORGANIZATION ELECTRONICALLY DELIVERED THE FORM 990 TO THE AUDIT

COMMITTEE TO REVIEW AND APPROVE FIRST, AND THEN TO THE BOARD OF DIRECTORS

FOR APPROVAL BEFORE FILING.

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

THE ORGANIZATION MONITORS AND ENFORCES THE POLICY THROUGH THE USE OF AN

ANNUAL SIGNED COMMITMENT STATEMENT FROM BOARD MEMBERS, STAFF AND

CONSULTANTS, AND FULL TRANSPARENCY IN ALL FINANCIAL TRANSACTIONS AND

CONTRACTS.

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

THE PRESIDENT'S SALARY WAS DETERMINED BY THE BOARD TREASURER'S REVIEW OF

THE 990S OF OTHER STATE UNITED WAYS AND REVIEWED WITH THE EXECUTIVE

COMMITTEE AND BOARD THE COMPENSATION OF OTHER STATE UNITED WAY EXECUTIVES.

THE BOARD WENT INTO EXECUTIVE SESSION TO REVIEW THE PRESIDENT'S

COMPENSATION. THE FINAL DECISION WAS RATIFIED BY THE FULL BOARD OF

DIRECTORS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

 AND
 FINANCIAL
 STATEMENTS
 AVAILABLE
 TO
 THE
 PUBLIC
 THROUGH
 THE
 ORGANIZATION'S

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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UNITED WAY OF NEW YORK STATE 14-170 WEBSITE AND UPON REQUEST.	tification number 15108
WEBSITE AND UPON REQUEST.	
232212 10-28-22 Schedule (	

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<b>/</b>	

#### (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 14 - 1705108

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### UNITED WAY OF NEW YORK STATE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
2-1-1 NEW YORK INC 35-2381188	OVERSEE THE STATE-WIDE,						
800 TROY-SCHENECTADY ROAD, 2ND FLOOR	FREE SERVICES SYS THROUGH						
LATHAM, NY 12110	DIALING 211	NEW YORK	501(C)(3)	LINE 7	UNITED WAY OF NYS	x	
	-						
	-						
	-						

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 UNITED WAY OF NEW YORK STATE

14-1705108 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity		ominant income Share of total ted, unrelated, income ed from tax under		Disproportionate allocations?			Genera manag partne	l or Percentage <sup>ing</sup> ownership		
		country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10		
	1												
	1												
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	1	1	1			1	L	L	1	<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(b contr	<b>i)</b> b)(13) rolled iity?
		country)		01 11 03 0		233013		Yes	No

#### Schedule R (Form 990) 2022 UNITED WAY OF NEW YORK STATE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r		Х
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) UNITED WAY OF NEW YORK STATE	Q	212,367.	
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

#### Schedule R (Form 990) 2022 UNITED WAY OF NEW YORK STATE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile		Are partne 501(i org	all	Share of			opor-	Code V-UBI	Genera	al or F	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	c)(3) s ?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	ging er?	ownership
-		country)	sections 512-514)	Yes	No	income		Yes	No	(Form 1065)	Yes	NO	
			· · · ·										
											$\square$		
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Schedule R (Form 990) 2022

#### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2022

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