# STATE REGISTRATION NO. 050620

# 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.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change UNITED WAY OF NEW YORK STATE Name change 14-1705108 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 800 TROY-SCHENECTADY ROAD 518-608-6456 481,436. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 12110-2424 LATHAM, NY H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DARLEY WILLIS \_\_Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or If "No," attach a list. See instructions 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 I Summary Briefly describe the organization's mission or most significant activities: TO STRENGTHEN THE CAPACITY OF Activities & Governance LOCAL UNITED WAYS THROUGH THEIR CHARITABLE HUMAN SERVICE ACTIVITIES 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 24 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 61,973. 18,124. Contributions and grants (Part VIII, line 1h) 8 409,815. 454,464. Program service revenue (Part VIII, line 2g) 1,376. 8.848. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 11 473,164. 481,436. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 25,000. 27,007. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 273,361. 302,552. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 150,599. 143,743. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 448,960. 473,302. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,204. 8,134. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 489,112. 487,675. Total assets (Part X, line 16) 28,209. 18,638. 21 Total liabilities (Part X, line 26) 三年 460,903.  $469,0\overline{37}$ Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DARLEY WILLIS, CHAIR OF THE BOARD Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 10/11/24 self-employed P01378913 RICHARD LEICHT RICHARD LEICHT Paid Firm's name BONADIO & CO., LLP Firm's EIN 16-1131146 Preparer Firm's address 171 SULLY'S TRAIL Use Only Phone no. (585) 381-1000PITTSFORD, NY 14534 X Yes May the IRS discuss this return with the preparer shown above? See instructions

	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 THEIR
	CHARITABLE HUMAN SERVICE ACTIVITIES TO BE LEADERS IN ACHIEVING RESULTS
	THAT IMPROVE THE LIVES OF ALL NEW YORKERS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4-	
4a	
	MEMBER SERVICES - COORDINATION OF INFORMATION AND TRAINING SERVICES TO
	MEMBERS, INDIVIDUAL CONSULTATION, AND RESEARCH OF MEMBERS.
	164 284
4b	(Code:) (Expenses \$161,371. including grants of \$) (Revenue \$) (Revenue \$)
	2-1-1 - PROVISION OF ADMINISTRATIVE SERVICES TO 2-1-1 NEW YORK,
	MANAGEMENT OR POLICY ISSUES, AND SUPPORT TO 2-1-1 BOARD.
	140 440
4c	(Code:) (Expenses \$118,412. including grants of \$) (Revenue \$)
	PUBLIC POLICY - SURVEY OF MEMBER ISSUES, RESEARCH ON ISSUES, WRITING
	PROPOSALS, TRACKING ISSUE PROGRESS, INFORMING NETWORK OF PROGRESS AND
	OUTCOMES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 374,810.
	Form <b>990</b> (2023)
	10111 000 (2025)

# Form 990 (2023) UNITED WAY OF NEW YORK STATE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		<del></del>
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b> '-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<b></b>		<del></del>
124	Schedule D, Parts XI and XII	12a		X
h	, , , , , , , , , , , , , , , , , , ,	IZa		1
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		21	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		├^
b	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	ا		<sub>V</sub>
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
		_		_

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Form	1990 (2023) UNITED WAY OF NEW YORK STATE 14-17	<u>05108</u>	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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? <i>If</i> "Yes," <i>complete</i>			
	, , ,	23		x
24 a	Schedule J	. 25		
ZTU	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?			
	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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	I		1 37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See 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	200		X
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L. Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	. 32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	. 34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		₩
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	-22	
	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	3	100	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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1c X Form 990 (2023)

(gambling) winnings to prize winners?

023) UNITED WAY OF NEW YORK STATE

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

		_			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	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	ccour	it)?	4a		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 Ad	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		_X_				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		_X_				
				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•				v				
	to file Form 8282?		I	7c		<u> </u>				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	7e		Х				
_	7 7 7 171									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
g	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?									
_	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
Ŭ	sponsoring organization have excess business holdings at any time during the year?									
9										
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?									
10										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	? I	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	L							
	Section 501(c)(29) qualified nonprofit health insurance issuers.			40						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	I							
•	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13c								
	Did the appropriation reading any payments for indeed to read a price of mine the terrors.			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		Х				
	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	incor	ne?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivities	;							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

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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.

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 24	Ŀ		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 24	Į.		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 -	l	
	(This Section B requests information about policies not required by the internal nevertice code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
		100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	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				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c		123		
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b		15b	_ <del>-</del>	х
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
-	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		
Sec	tion C. Disclosure	100	ı	
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3'	s onlv)	availal	ole
. •	for public inspection. Indicate how you made these available. Check all that apply.	<del></del>		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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			
	DARLEY WILLIS - 518-608-6456			
	800 TROY-SCHENECTADY ROAD LATHAM NY 12110-2424			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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.

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

- 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.

(A) Name and title	(B) Average hours per	box	not cl	Posi heck i ss per	ition more rson is	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HUGH PARRY	28.00							104 615	0	12 044
PRESIDENT	7.00			Х				124,615.	0.	13,044.
(2) KELLY DODD	8.75	-		37				2 062	0	1 4 0
VICE PRESIDENT	26.25			Х				2,962.	0.	148.
(3) JOE WESLEY DIRECTOR	2.00	Х						0.	0.	0.
(4) EICHAKEEN MCCLARY	2.00							•	•	•
DIRECTOR	2,00	х						0.	0.	0.
(5) PAULETTE CROOKE	2.00	<u> </u>								
SECRETARY		Х		х				0.	0.	0.
(6) KARI BUCH	2.00								-	
DIRECTOR		Х						0.	0.	0.
(7) DARLEY WILLIS	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) NANCY KERN EATON	2.00									_
DIRECTOR		Х						0.	0.	0.
(9) JEANNIE MONTANO	2.00									
DIRECTOR		Х						0.	0.	0.
(10) PATRICK COSTELLO	2.00									
DIRECTOR		Х						0.	0.	0.
(11) JUNE BLANC	2.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(12) DALLAS SUTTON	2.00	1								_
TREASURER		Х		Х				0.	0.	0.
(13) MARY E SULLIVAN	2.00	l								_
BOARD VICE CHAIR	2.00	Х		Х				0.	0.	0.
(14) PETER GANNON	2.00	ļ							•	•
DIRECTOR	0.00	Х						0.	0.	0.
(15) AMY ROHLER	2.00	٦,							<b>^</b>	_
DIRECTOR	1 2 00	Х	$\vdash$					0.	0.	0.
(16) THERESA A REGNANTE	2.00								_	^
(17) ROBERT GORMAN	2.00	Х				-		0.	0.	0.
DIRECTOR	4.00	Х						0.	0.	0.
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Form 990 (2023)	OI 1 <b>1</b> 1	4 7 7	- 0			- 11			<u> </u>	100 rage 9
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)	(D)	(E)	(F)						
Name and title	Average hours per week	box	not cl	ss per	more rson i	than o s both r/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) CHERYL JOHN	2.00								_	_
DIRECTOR	2.00	Х						0.	0.	0.
(19) SUSAN LEBLAN-DUROCHER	2.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(20) ELIZABETH MONACO	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(21) JOHN C. BERNARDI	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(22) DIETRA HARVEY	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(23) GREG BASSUK	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(24) TOM GABRIEL	2.00									
DIRECTOR		Х						0.	0.	0.
(25) KAREN A. JONES	2.00									
DIRECTOR		Х						0.	0.	0.
(26) KEVIN O'BRIEN	2.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								127,577.	0.	13,192.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								127,577.	0.	13,192.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

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

#### **Section B. Independent Contractors**

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

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

Total number of independent contractors (including but not limited to those listed above) who received more than 

Form 990 UNITED WA									14-170	5108
	ıstees, Key En	nplo	yee	s, aı	nd F	lighe	est (	Compensated Employe	es (continued)	
<b>(A)</b> Name and title	hours (chec						ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) CHRISTELLA YONTA IRECTOR	2.00	Х						0.	0.	0
IRECTOR								0.	0.	0
otal to Part VII, Section A, line 1c										

art VIII Statement of Revenue
-------------------------------

			Check if Schedule O contai	ns a response	e or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
ية ق			Fundraising events						
fts,			Related organizations						
ية إق			Government grants (contributio						
ons,									
utic		T	All other contributions, gifts, grants		18,124.				
ĕ			similar amounts not included above		10,124.				
ont		-	Noncash contributions included in lines 1a	-1f <b>1g</b> \$		10 124			
O g		n	Total. Add lines 1a-1f		B 0. 4.	18,124.			
			ADMINIT CONDAINT OF	UIDDODE	Business Code	267 442	267 442		
<u>c</u> e			ADMINISTRATIVE S	OPPORT	561000	267,442.	267,442.		
erv			MEMBERSHIP DUES		900099	181,634.	181,634.		
ı S.		С	SUMMER CONFERENCE	:E	900099	5,388.	5,388.		
ran 3ev		d							
Program Service Revenue		е							
Ē			All other program service reven			1-1 1-1			
		g	Total. Add lines 2a-2f			454,464.			
	3		Investment income (including d	ividends, inte	rest, and				
			other similar amounts)			8,848.			8,848.
	4		Income from investment of tax-	exempt bond	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses 7b						
en		С	Gain or (loss) 7c						
Pe			Net gain or (loss)						
her Revenue			Gross income from fundraising eve	I					
퉏			including \$	· · · · · · · · · · · · · · · · · · ·					
			contributions reported on line 1	c). See					
			Part IV, line 18	·	а				
		b	Less: direct expenses		b				
			Net income or (loss) from fundra		•				
			Gross income from gaming acti						
	_	_	Part IV, line 19	I	a				
		h	Less: direct expenses						
			Net income or (loss) from gamir	_	<u>.                                    </u>				
			Gross sales of inventory, less re						
	10	u	and allowances		)a				
		h	Less: cost of goods sold	I					
			Net income or (loss) from sales	<u></u>					
			The mount of hose hom sales	or involutory	Business Code				
ns	11	2			Buomess sous				
Miscellaneous Revenue	••	a b							
lla ven									
Sce Be		۲ C	All other revenue						
Ξ			All other revenue						
		ਦ	Total Add lines 11a-11d			481,436.	454,464.	0.	8,848.
	12		<b>Total revenue.</b> See instructions .			-UT, 400.	404,404.	ı •	0,040.

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	on 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,007.	27,007.		
2	Grants and other assistance to domestic	,	,		
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	135,236.	105,564.	29,672.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149,186.	141,211.	7,975.	
8	Pension plan accruals and contributions (include	= = = , = = = .	= ,	.,,,,,,,	
0	· •	2,341.	1,933.	408.	
_	section 401(k) and 403(b) employer contributions)	4,341.	Ι, 999 •	400.	
9	Other employee benefits	15 700	10 506	E 202	
10	Payroll taxes	15,789.	10,506.	5,283.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	38,433.	14,355.	24,078.	
d	Lobbying	60,336.	60,336.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	2,993.	2,993.		
12	Advertising and promotion	•			
13	Office expenses	1,002.		1,002.	
14	Information technology	_,			
15	Royalties	7,142.		7,142.	
16	Occupancy	18,148.	6,398.	11,750.	
17	Travel	10,140.	0,390.	11,750.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 1 4 1	0.041	200	
19	Conferences, conventions, and meetings	3,141.	2,841.	300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	627.		627.	
23	Insurance	3,019.		3,019.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TELEPHONE	5,924.	960.	4,964.	
b	EQUIPMENT LEASING/MAINT	1,194.		1,194.	
c	OTHER	917.		917.	
d	DUES AND SUBSCRIPTIONS	500.	500.	22,4	
		367.	206.	161.	
	All other expenses Add lines 1 through 24s	473,302.	374,810.	98,492.	0
<u>25</u>	Total functional expenses. Add lines 1 through 24e	±13,304•	J/=,U1U•	JU, #34 •	0
26	<b>Joint costs.</b> 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)				Form <b>990</b> (202

Par	Part X Balance Sheet							
		Check if Schedule O contains a response or	note to a	line in this Part X				
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
	1	Cash - non-interest-bearing			24,786.	1	16,173.	
	2	Savings and temporary cash investments	339,239.	2	353,331.			
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net			19,520.	4	13,201.	
	5	Loans and other receivables from any curren						
		trustee, key employee, creator or founder, su	ıbstantial	ontributor, or 35%				
		controlled entity or family member of any of t	these per	ons		5		
	6	Loans and other receivables from other disqu	ualified pe	sons (as defined				
		under section 4958(f)(1)), and persons descri	bed in se	tion 4958(c)(3)(B)		6		
က္	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
ğ	9	Duran side and a second all forms of all and a			2,439.	9	4,836.	
	10a	Land, buildings, and equipment: cost or other	er					
		basis. Complete Part VI of Schedule D	10a	7,467. 5,274.				
	b	Less: accumulated depreciation	10b	5,274.	2,820.	10c	2,193.	
	11	Investments - publicly traded securities		11				
	12	Investments - other securities. See Part IV, lin		12				
	13	Investments - program-related. See Part IV, li		13				
	14	Intangible assets	400 000	14	25.244			
	15	Other assets. See Part IV, line 11			100,308.	15	97,941.	
	16	Total assets. Add lines 1 through 15 (must e			489,112.	16	487,675.	
	17	Accounts payable and accrued expenses			24,709.	17	18,638.	
	18	Grants payable	2 500	18				
	19	Deferred revenue			3,500.	19	0.	
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Comple				21		
es	22	Loans and other payables to any current or form						
ij		trustee, key employee, creator or founder, su						
Liabilities	00	controlled entity or family member of any of t				22		
_	23	Secured mortgages and notes payable to un				23		
	24	Unsecured notes and loans payable to unrela				24		
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on li						
		of O also also by D				25		
	26	of Schedule D  Total liabilities. Add lines 17 through 25			28,209.	26	18,638.	
	20	Organizations that follow FASB ASC 958, o	check he	e X	20,2031	20	20,0001	
es		and complete lines 27, 28, 32, and 33.						
anc anc	27				411,354.	27	442,481.	
3al	28				49,549.	28	26,556.	
ρ		Organizations that do not follow FASB AS			•		,	
Ξ		and complete lines 29 through 33.	,					
þ	29	Capital stock or trust principal, or current fun	nds			29		
sets	30	Paid-in or capital surplus, or land, building, o				30		
Ass	31	Retained earnings, endowment, accumulated				31		
Net Assets or Fund Balances	32				460,903.	32	469,037.	
2	33	Total liabilities and net assets/fund balances			489,112.	33	487,675.	

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	4	81,	436.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	73,	302.		
3	Revenue less expenses. Subtract line 2 from line 1	3		8,	134.		
4							
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	4	69,	037.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Ye	s 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	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	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?		2	o X	:		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or 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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		з	b			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number UNITED WAY OF NEW YORK STATE 14-1705108

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of chi	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	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	llege or university owned	or operate	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						oublic described in	
		section 170(b)(1)(A)(vi). (C			_				
8		A community trust describe		(1)(A)(vi). (Complete Part	t II.)				
9		An agricultural research org				ed in conju	inction with a land-grant	college	
		or university or a non-land-g				-		-	
		university:		,					
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership fees, and	d gross receipts from	
		activities related to its exem							
		income and unrelated busin							
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section :	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on	
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	:	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,	
		its supported organization	n(s) (see instructions)	). You must complete I	Part IV, Se	ctions A,	D, and E.		
c		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	rith its supported organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and an attentiv	/eness	
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
6		vide the following information			(:) In the area				
	(	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
_									
<u>Tota</u>	al								

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

Sec	ction A. Public Support	<del>-</del>					
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	424,919.	314,385.	699,782.	256,921.	199,758.	1895765.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	424,919.	314,385.	699,782.	256,921.	199,758.	1895765.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1895765.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	424,919.	314,385.	699,782.	256,921.	199,758.	1895765.
	Gross income from interest,	-	-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,964.	2,615.	1,352.	1,376.	8,848.	19,155.
9	Net income from unrelated business	•	•	•	,	•	•
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1914920.
	Gross receipts from related activities,	etc (see instructio	ins)			12	
	First 5 years. If the Form 990 is for the	-		ourth or fifth tax v	ا ear as a section 5		
	organization, check this box and <b>stor</b>						
Sed	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	99.00 %
	Public support percentage from 2022					15	99.33 %
	33 1/3% support test - 2023. If the o					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition		·	
17a							
	<b>'a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization						
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	-		*	-		
_	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	<u>,</u>		,	. ,			(Form 990) 2023

332022 12-21-23

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Calendar year (or fiscal year beginning in)  1 Giffs, grants, contributions, and membership fees received. (On not include any "unusual grants.")  2 Gross necepts from admissions, more more of the company of the comp	Section A. Public Support	now, please comp	Diete Fart II.)				
1 Gills, grants, contributions, and membership teer received. (Do not include any "unusual grants.") 2 Gross neceipts from admissions, formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's trave-empt purpose incess under section 513 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or expended on the behalf of the organization without change of the organization of the organization without change of the organization organization of the organization organization organization organ	Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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 erganization's trax-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 organization's travescent purpose  5 The value of services or facilities furnished by a governmental unit to the organization without charge  6 Total. Add lines 1 through 5  7 A mounts included on lines 1,2, and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 3 received from disqualified persons by American charge in lines 1 and 1,2 and 4,2 and 4,3 and 4,4 and			, ,	, ,			
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18 Investment income percentage from 2022 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Section D. Computation of Inves	tment Income	e Percentage				
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19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							(
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <b>b 33 1/3% support tests - 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
F							

332023 12-21-23

### 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")? |f "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?
- 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).
- 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.)

		Yes	No
	1		
	-		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4.		
	4c		
	5a		
	rı.		
	5b 5c		
	- 50		
	6		
	7		
	8		
	9a		
	Ju		
	9b		
	9с		
	10a		
	10b		
عادد	A (Form	n aan)	2022

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% 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 B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	r		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
<u>Sec</u>	tion 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 <b>Part VI</b> the role the organization's			
	,	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
	The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b			,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		N-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	3a		
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.	3b		

2

3

<u>4</u> 5

6

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

### SCHEDULE C (Form 990)

# Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" 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), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	1(c)(4), (5), or (6) organizat	ions: Complete Part III.				yer identification number		
Name of organ								
	UNITED	WAY OF NEW YORK S	STATE		_	14-1705108		
Part I-A	Complete if the org	anization is exempt unde	er section 501(c) o	or is a section 52	7 org	anization.		
2 Political c	ampaign activity expendit	ation's direct and indirect politica ures gn activities						
Part I-B	Complete if the org	anization is exempt unde	er section 501(c)(3	3).				
1 Enter the	amount of any excise tax	incurred by the organization unde	er section 4955		\$			
		incurred by organization manage						
		n 4955 tax, did it file Form 4720 f						
4a Was a co	rection made?					Yes No		
<b>b</b> If "Yes," o	lescribe in Part IV.							
Part I-C	Complete if the org	anization is exempt unde	er section 501(c), e	except section 5	01(c)	(3).		
1 Enter the	amount directly expended	I by the filing organization for sec	tion 527 exempt function	on activities	\$ .			
2 Enter the	amount of the filing organ	ization's funds contributed to oth	ner organizations for sec	ction 527				
exempt fu	nction activities				\$ .			
3 Total exe	npt function expenditures	. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,					
		1120-POL for this year?						
		nployer identification number (EII						
		tion listed, enter the amount paid				•		
	•	omptly and directly delivered to a additional space is needed, provi		•	parate	segregated fund or a		
- Political a	, ,			1				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organization		(e) Amount of political contributions received and		
				funds. If none, ente		promptly and directly		
				<b>'</b>		delivered to a separate		
						political organization. If none, enter -0		
						,		

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

Schedule C (Form 990) 2023

			or NEW YORK			notion under		
section 501(h)).								
				Part IV each affiliated	group member's nam	e, address, EIN,		
expenses, and shar		, ,	• •					
B Check if the filing organiza	tion check	ed box A ar	nd "limited control" pro	visions apply.		Т		
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)  (a) Filing organization's totals							
1a Total lobbying expenditures to influ	ence publ	ic opinion (	grassroots lobbying)					
<b>b</b> Total lobbying expenditures to influ	ience a leg	islative bod	ly (direct lobbying)					
c Total lobbying expenditures (add lii								
<b>d</b> Other exempt purpose expenditure								
e Total exempt purpose expenditures								
f Lobbying nontaxable amount. Ente	r the amo	unt from the		ſ				
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:				
not over \$500,000,	, ,		the amount on line 1e.					
over \$500,000 but not over \$1,000	.000		00 plus 15% of the exce	ess over \$500,000.				
over \$1,000,000 but not over \$1,50	<i>'</i>		00 plus 10% of the exce					
over \$1,500,000 but not over \$17,0			00 plus 5% of the exces					
over \$17,000,000,								
g Grassroots nontaxable amount (en	ter 25% of	line 4.6\						
b. Cubtract line 1a from line 1a If you ay lose ontay 0								
i Subtract line 1g from line 1a. If zero or less, enter -0-								
j If there is an amount other than zer								
reporting section 4911 tax for this	_		,			Yes No		
reporting ecotion for that for time	y our :		eraging Period Under					
(Some organizations the		a section 50		nave to complete all o	f the five columns b	elow.		
	Lobi	ying Expe	nditures During 4-Yea	r Averaging Period				
Calendar year (or fiscal year beginning in)	(a)	2020	<b>(b)</b> 2021	<b>(c)</b> 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount								
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))								
(130% of lifte 2a, coldifilite))								
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) 2023

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)	(t	)
	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:	Х			
	Volunteers?  Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?	Х			
	Publications, or published or broadcast statements?	X			
	Grants to other organizations for lobbying purposes?		Х		
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		60	7,336.
_	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		<u> </u>
	Other activities?		Х		
	Total. Add lines 1c through 1i			60	,336.
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х		•
	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
	Mana and atantially all (000) an area of the area of the desired and advertible by an area of the area.			163	110
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?				
Par	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	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3. is
	answered "Yes."		(,	<b>-,</b>	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
С	Total		_		
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the e				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	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	list); Part II-	A, lines 1 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T I-A, LINE 1:				
UNI	TED WAY OF NEW YORK STATE STAFF AND CONTRACTED LOBB	YISTS	CONDU	CTED	
ADV	OCACY INCLUDING MEETINGS, LETTERS, EMAILS, AND TELE	PHONE	CALLS	WITH	
MEM	BERS OF THE NEW YORK STATE LEGISLATURE AND THEIR ST	AFFS,	THE G	OVERNO	R
ANI	HER STAFF IN THE EXECUTIVE CHAMBER, THE DIVISION O	F BUDO	ET, T	HE OFF	ICE
OF	THE STATE COMPTROLLER, THE OFFICE OF THE ATTORNEY G	ENERAI	, FED	ERAL	
<u> </u>				le C (Form	990) 2023

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF NEW YORK STATE

**Employer identification number** 14-1705108

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		nds or Acc	ounts. Complete if the			
		(a) Donor advised funds	(b)	Funds and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor	advised funds				
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No			
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other pur	oose conferring	9			
	impermissible private benefit?	·······		Yes No			
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Form	990, Part IV, lir	ne 7.			
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recreati	ion or education) Preservat	ion of a historic	cally important land area			
	Protection of natural habitat	Preservat	ion of a certifie	ed historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the	form of a cons	ervation easement on the last			
	day of the tax year.		Г	Held at the End of the Tax Year			
а	Total number of conservation easements		Г	2a			
b				2b			
С	Number of conservation easements on a certified historic structure.			2c			
	Number of conservation easements included on line 2c acquir						
	on a historic structure listed in the National Register	• • •		2d			
3	Number of conservation easements modified, transferred, rele			tion during the tax			
	year		, ,	· ·			
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period		ig of				
	violations, and enforcement of the conservation easements it I	holds?		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, h						
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing con	servation ease	ments during the year			
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section	170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?			Yes No			
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial st	atements that	describes the			
	organization's accounting for conservation easements.						
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other Sin	nilar Assets.			
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statem	ent and baland	ce sheet works			
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or research	n in furtherance	e of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement	and balance s	heet works of			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research ir	n furtherance o	f public service,			
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(m) 4			•			
2	If the organization received or held works of art, historical trea			ovide			
	the following amounts required to be reported under FASB AS		- · ·				
а	Revenue included on Form 990, Part VIII, line 1			\$			
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023			

Par	t III Organizations Maintaining Co	llections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continu	ued)
3	Using the organization's acquisition, accession								(**************************************	
	collection items (check all that apply).	•	•	,	Ü	`	-			
а	Public exhibition	d		oan or exc	hange progra	am				
b	Scholarly research	e			9-  9					
c	Preservation for future generations	_								
4	Provide a description of the organization's coll	lections and explain	n how the	ev further th	e organizatio	n's exem	nnt nurnose	in Part	XIII	
5	During the year, did the organization solicit or							, iii i cai c	, di ii.	
•	to be sold to raise funds rather than to be mail		•						Yes	No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Part			3			, -	,	,	
1a	Is the organization an agent, trustee, custodial	n, or other intermed	diary for o	contribution	s or other as	sets not i	included			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
	, .	·	Ü						Amount	
С	Beginning balance						1c			
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on For								Yes	No
	If "Yes," explain the arrangement in Part XIII. C									
Par	t V Endowment Funds Complete if t	he organization ans	swered "	Yes" on For	m 990, Part	IV, line 10	).			
	·	(a) Current year		rior year	(c) Two yea		(d) Three yea	ars back	(e) Four	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 curre	nt year end balance	e (line 1g	, column (a)	) held as:	•				
а	Board designated or quasi-endowment	•	%		,					
b	Permanent endowment	%	_							
С	Term endowment %	<u> </u>								
	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%.								
За	Are there endowment funds not in the possess	sion of the organiza	ation that	are held an	nd administer	red for the	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 organizati	ons listed as requir	ed on So	chedule R?					3b	
4	Describe in Part XIII the intended uses of the o		wment fu	ınds.						
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered	"Yes" on Form 990	), Part IV	, line 11a. S	ee Form 990	, Part X, I	line 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		ccumulated preciation		(d) Book	value
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment				7,467.		5,27	4.	2	,193.
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must eg	ual Form 990. Part	X. line 10	Oc. column	(B))				2	,193.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 UNITED WAY (	OF NEW YORK S	TATE 1	4-1705108 Page <b>3</b>
Part VII Investments - Other Securities			· · · - · · · · · · · · · · · · ·
Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or el	nd of year market value
	(b) BOOK Value	(c) Wethod of Valuation. Cost of el	ilu-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) I	Description		(b) Book value
(1) DUE FROM AFFILIATE			97,941.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			97,941.
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
<u>(3)</u> (4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(9)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part I	V, 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	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а				
b	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	212.)	5	
Pa	Reconciliation of Expenses per Audited Financial		es per Return	
	Complete if the organization answered "Yes" on Form 990, Part I		<u> </u>	
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:	1 1		
а				
b	, , ,			
С		l l		
d	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
e	•			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	المما		
a				
b	A 1112 A 141		40	
5	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, liner XIII Supplemental Information	ne 18.)	<b>3</b>	
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV lines 1h and 2h: Pr	ort V line 1: Dart Y line 2: Dart	ΥI
	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		are v, iii o +, r are x, iii o 2, r are	λι,
	22d and 45, and 1 are All, into 2d and 45. Also complete this part to prove	ie arry additional information.		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WA	Y OF NEW	YORK STATE					$\begin{array}{c} \text{Employer identification number} \\ 14-1705108 \end{array}$
Part I General Information on Grants a	ınd Assistance						
<ul> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ul>	stance?						
Part II Grants and Other Assistance to recipient that received more than to					anization answered "Y	'es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNITED WAY OF NORTHERN NEW JERSEY 222 RIDGEDALE AVE	00 1405045	501 (0) 2	07.007				ASSET LIMITED INCOME CONSTRAINED EMPLOYED
CEDAR KNOLLS, NJ 07927	22-1487247	501 (C) 3	27,007.	0.			(ALICE) PROJECT
2 Enter total number of section 501(c)(3) a	ind government org	ganizations listed in th	ne line 1 table				
3 Enter total number of other organization	s listed in the line	1 table					

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023 UNITED WAY OF	NEW YORK	STATE			14-1705108	Page 2
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash	assistance
art IV Supplemental Information. Provide the information	n required in Part I, lir	l ne 2; Part III, columr	l n (b); and any other ac	l dditional information.		

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

Name of the organization

UNITED WAY OF NEW YORK STATE

Employer identification number 14-1705108

FORM 990, PART 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

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

Schedule O (Form 990) 2023

Name of the organization UNITED WAY OF NEW YORK STATE	Employer identification number 14-1705108
WEBSITE AND UPON REQUEST.	
FORM 990, PART XII, LINE 2C:	
THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGH AUDIT	T OF THE
AODII	

#### **SCHEDULE R** (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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WAY OF	NEW YORK STATE				14-1705.	108	
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	on Form 990, Part IV, line 3	3.				
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea	r assets Direct	(f) controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990	J, Part IV, line 34, i	pecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
2-1-1 NEW YORK INC 35-2381188 800 TROY-SCHENECTADY ROAD, 2ND FLOOR LATHAM, NY 12110	OVERSEE THE STATE-WIDE, FREE SERVICES SYS THROUGH DIALING 211	NEW YORK	501(C)(3)	LINE 7	UNITED WAY OF NYS	X	NO

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

Schedule R (Form 990) 2023

		0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Dort 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
Partill	organizations treated as a partnership during the tax year.	
	organizations treated do a partitioning daring the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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.

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

Page 3

Yes No

1a

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X				
c Gift, grant, or capital contribution from related organization(s)				1c		X				
d Loans or loan guarantees to or for related organization(s)				1d		X				
e Loans or loan guarantees by related organization(s)				1e		Х				
f Dividends from related organization(s)				1f		Х				
g Sale of assets to related organization(s)				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
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				
I Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		X				
m Performance of services or membership or fundraising solicitations by related orga				1m		X				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses										
				1q	X					
r Other transfer of cash or property to related organization(s)				1r		X				
s 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 w	vho must complete th	is line, including covered	relationships and transaction thresholds.							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved						
(1) 2-1-1 NEW YORK, INC.	Q	267,442.	COST OF SERVICES PROVIDE	łD						
(2)										
<del></del>										
(3)										
(4)										
(5)										
(6)	1									
332163 09-28-23			Schedule	R (Forn	n 990)	2023				

Page 4

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000