

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

Do not enter social security numbers on this form as it may be made public.

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

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization UNITED WAY OF BROOME COUNTY, INC.		D Employer identification number 15-0564074
	Doing business as		E Telephone number 607-240-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code BINGHAMTON, NY 13902-0550		G Gross receipts \$ 20,654,493.
F Name and address of principal officer: PAULA PERNA SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(b) Are all subordinates included? Yes No	
J Website: WWW.UWBROOME.ORG		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		L Year of formation: 1954	M State of legal domicile: NY
Part I Summary		H(c) Group exemption number	

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DRIVE CHANGE THAT WILL HAVE A POSITIVE IMPACT ON THE CRITICAL NEEDS OF OUR COMMUNITY BY		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	1044
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	2,071,806.	3,211,182.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,280,654.	1,177,853.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,720.	14,430.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,369,180.	4,403,465.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,350,556.	2,112,005.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,147,771.	1,096,906.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	363,438.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	637,554.	663,293.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,135,881.	3,872,204.	
19 Revenue less expenses. Subtract line 18 from line 12	233,299.	531,261.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 32,215,352.	End of Year 34,854,486.
	21 Total liabilities (Part X, line 26)	287,839.	681,970.
	22 Net assets or fund balances. Subtract line 21 from line 20	31,927,513.	34,172,516.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PAULA PERNA, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	SHANNON T. FORKIN, CPA	SHANNON T. FORKIN, C	11/10/23	<input type="checkbox"/>	P00973625
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DANNIBLE & MCKEE, LLP 221 SOUTH WARREN ST. SYRACUSE, NY 13202	33-0996661		315-472-9127	

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,467,165. including grants of \$ 2,112,005.) (Revenue \$) COMMUNITY IMPACT AND INITIATIVES PROGRAMS REFERS TO EFFORTS WORKING WITH COMMUNITY RESIDENTS, ORGANIZATIONS, LEADERS, AND OTHER STAKEHOLDERS TO FURTHER THE UNITED WAY OF BROOME COUNTY, INC.'S MISSION AND INCREASE ITS INVESTMENT IN ACTIVITIES THAT PROMOTE THE ORGANIZATION'S VISION. THROUGH THE DEVELOPMENT OF SHARED COMMUNITY VISIONS, THE ORGANIZATION SUPPORTS BUILDING BLOCKS TO A QUALITY LIFE: HEALTH, EDUCATION, AND FINANCIAL STABILITY. COMMUNITY IMPACT AND INITIATIVES PROGRAMS WORK ON CREATING THE GREATEST POSSIBLE IMPACT TO IMPROVE OUTCOMES FOR INDIVIDUALS AND FAMILIES AND ACHIEVE COMMUNITY LEVEL CHANGE THROUGH THE HEALTHY LIFESTYLES COALITION (HLC), THE BINGHAMTON-BROOME ANTI-POVERTY INITIATIVE (BBAPI), THE UNITED WAY OF BROOME COUNTY'S STRATEGIC PRIORITIES AND BASIC NEEDS GRANT PROGRAM, THE

4b (Code:) (Expenses \$ 363,095. including grants of \$) (Revenue \$) THE 2-1-1 SUSQUEHANNA RIVER REGION CONTACT CENTER PROVIDES INFORMATION AND REFERRALS TO AGENCIES AND PROGRAMS IN BROOME, CHENANGO, DELAWARE, OTSEGO, AND TIOGA COUNTIES. 2-1-1 SPECIALISTS CONNECT INDIVIDUALS WITH A WIDE RANGE OF RESOURCES AND SERVICES, INCLUDING FOOD ACCESS, HEALTH CARE, HOUSING AND UTILITIES PAYMENT ASSISTANCE, EMPLOYMENT SERVICES, VETERAN SERVICES, CHILDCARE, CRISIS AND EMERGENCY COUNSELING, DISASTER RELIEF, AND MORE THROUGH AN ONLINE EXTENSIVE DATABASE OF MORE THAN 3,500 RESOURCES, AGENCIES, AND PROGRAM INFORMATION.

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

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

4e Total program service expenses 2,830,260.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section 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 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.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
CHRISTINE PEARLMAN - 607-240-2004
101 S. JENSEN ROAD, VESTAL, NY 13850

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PAULA PERNA EXECUTIVE DIRECTOR	37.50			X			71,629.	0.	8,507.	
(2) NICHOLAS SPENCER PRESIDENT	2.00	X		X			0.	0.	0.	
(3) MARY ANN WILCOX VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(4) RACHEL ABBOTT VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) BRETT PENNEFEATHER ASSISTANT TREASURER	2.00	X		X			0.	0.	0.	
(6) FRANCIS BATTISTI TREASURER	2.00	X		X			0.	0.	0.	
(7) PRESTON EVANS SECRETARY	2.00	X		X			0.	0.	0.	
(8) ZACHARY MAJKA PAST PRESIDENT	2.00	X		X			0.	0.	0.	
(9) DESIREE MCGREAL DIRECTOR	2.00	X					0.	0.	0.	
(10) DORIS CHEUNG (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(11) DENISE COOK DIRECTOR	2.00	X					0.	0.	0.	
(12) GREG LESKO (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(13) TINA DOLAN DIRECTOR	2.00	X					0.	0.	0.	
(14) LISA SCHUHLE (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(15) JON TOOLEY (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(16) REV. KELLIE WOFFORD (THRU SEPT) DIRECTOR	2.00	X					0.	0.	0.	
(17) PENNY KELLY DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) AMY WILLIAMSON DIRECTOR	2.00	X						0.	0.	0.
(19) ERIN FREIJE DIRECTOR	2.00	X						0.	0.	0.
(20) LESLEY FREY DIRECTOR	2.00	X						0.	0.	0.
(21) SARAH MANASSE DIRECTOR	2.00	X						0.	0.	0.
(22) JIM MCDUFFEE DIRECTOR	2.00	X						0.	0.	0.
(23) SEAN BRITTON (THRU SEPT) DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								71,629.	0.	8,507.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								71,629.	0.	8,507.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1,322,116.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	186,180.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1,702,886.				
	g	Noncash contributions included in lines 1a-1f	\$ 36,377.				
	h	Total. Add lines 1a-1f		3,211,182.			
Program Service Revenue	2 a	_____					
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		776,568.		776,568.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses ...					
	6 c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				16,652,313			
	7 b	Less: cost or other basis and sales expenses		16,251,028.			
	7 c	Gain or (loss)		401,285.			
d	Net gain or (loss)		401,285.		401,285.		
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8 b	Less: direct expenses						
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	SERVICES FEES	900099	12,273.		12,273.	
	b	OTHER INCOME	900099	2,157.		2,157.	
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d			14,430.		
12	Total revenue. See instructions		4,403,465.	0.	0.	1192283.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,112,005.	2,112,005.		
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	96,746.	44,687.	16,447.	35,612.
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	857,457.	402,662.	274,821.	179,974.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,797.	5,158.	6,626.	4,013.
9 Other employee benefits	36,215.	15,062.	16,132.	5,021.
10 Payroll taxes	90,691.	39,965.	32,062.	18,664.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,717.		4,717.	
c Accounting	23,900.		23,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	179,385.		179,385.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	67,601.	23,904.	43,584.	113.
12 Advertising and promotion	51,487.	1,292.	350.	49,845.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	39,522.	18,575.	12,015.	8,932.
17 Travel	5,397.	1,405.	3,228.	764.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,963.	1,677.	5,861.	425.
20 Interest	5,251.		5,251.	
21 Payments to affiliates	21,979.	10,330.	6,682.	4,967.
22 Depreciation, depletion, and amortization	28,081.	13,198.	8,537.	6,346.
23 Insurance	19,621.	9,222.	5,965.	4,434.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES & PROGRAM COST	94,945.	78,383.	6,217.	10,345.
b DUES AND SUBSCRIPTIONS	53,507.	28,411.	13,327.	11,769.
c TELEPHONE	29,799.	14,398.	8,834.	6,567.
d BANK & CREDIT CARD PROC	13,106.		481.	12,625.
e All other expenses	17,032.	9,926.	4,084.	3,022.
25 Total functional expenses. Add lines 1 through 24e	3,872,204.	2,830,260.	678,506.	363,438.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	363,186.	1	333,374.
	2 Savings and temporary cash investments	1,406,721.	2	1,992,429.
	3 Pledges and grants receivable, net	482,342.	3	554,652.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,000.	9	36,432.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,145,153.		
	b Less: accumulated depreciation	10b 846,509.	323,173.	10c 298,644.
	11 Investments - publicly traded securities	29,344,339.	11	31,352,076.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	281,591.	15	286,879.
16 Total assets. Add lines 1 through 15 (must equal line 33)	32,215,352.	16	34,854,486.	
Liabilities	17 Accounts payable and accrued expenses	287,189.	17	289,933.
	18 Grants payable		18	
	19 Deferred revenue	650.	19	107,037.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	285,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	287,839.	26	681,970.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	20,885,214.	27	23,081,791.
	28 Net assets with donor restrictions	11,042,299.	28	11,090,725.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,927,513.	32	34,172,516.
	33 Total liabilities and net assets/fund balances	32,215,352.	33	34,854,486.

Part XI Reconciliation of Net Assets

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

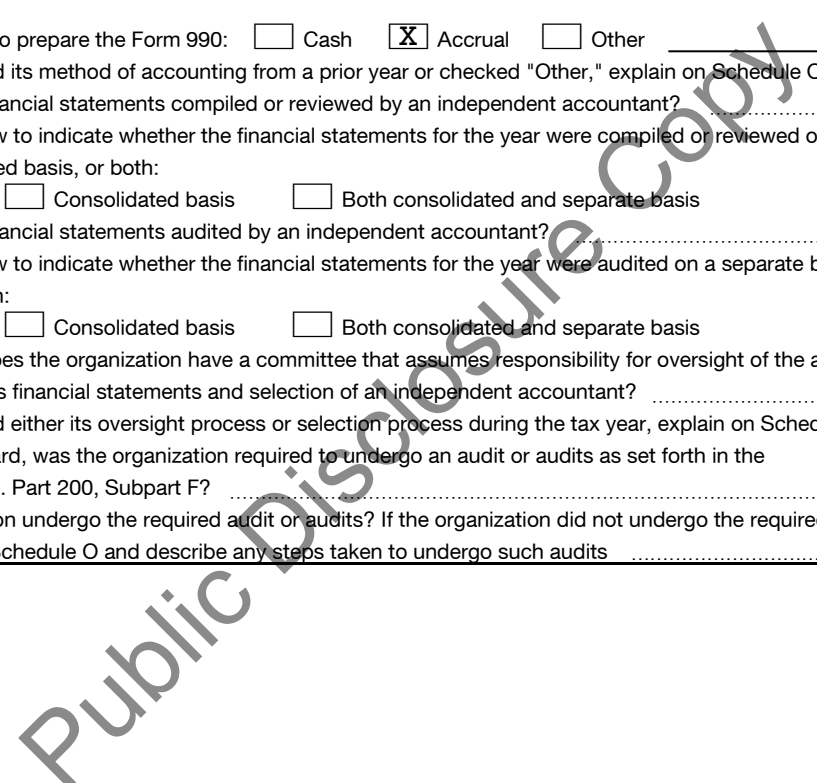
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,403,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,872,204.
3	Revenue less expenses. Subtract line 2 from line 1	3	531,261.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,927,513.
5	Net unrealized gains (losses) on investments	5	1,713,742.
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	34,172,516.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		



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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2680147.	2306350.	1980669.	2071806.	3211182.	12250154.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2680147.	2306350.	1980669.	2071806.	3211182.	12250154.
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)						1282161.
6 Public support. Subtract line 5 from line 4.						10967993.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	2680147.	2306350.	1980669.	2071806.	3211182.	12250154.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	553,391.	620,857.	725,310.	808,393.	776,568.	3484519.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		16,171.	11,057.	16,720.	14,430.	58,378.
11 Total support. Add lines 7 through 10						15793051.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	69.45 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	77.87 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

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

OTHER INCOME

2019 AMOUNT: \$ 6,813.

2020 AMOUNT: \$ 4,329.

2022 AMOUNT: \$ 2,157.

SERVICE FEES

2019 AMOUNT: \$ 9,358.

2020 AMOUNT: \$ 6,728.

2021 AMOUNT: \$ 16,720.

2022 AMOUNT: \$ 12,273.

Public Disclosure Copy

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 147,224.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 85,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,488,883.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Public Disclosure Copy

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Public Disclosure Copy

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

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

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

Public Disclosure Copy

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

Public Disclosure Copy

30,471,596.	35,374,608.	29,861,768.	29,382,998.	29,023,530.
1,532,308.	313,558.	25,658.	282,401.	25,044.
2,702,232.	-3,514,102.	7,926,289.	1,720,491.	2,003,870.
1,525,891.	1,702,468.	2,439,107.	1,524,122.	1,669,446.
33,180,245.	30,471,596.	35,374,608.	29,861,768.	29,382,998.

67.7100

32.2900

X
X

12,881.		12,881.
853,408.	585,879.	267,529.
185,026.	168,521.	16,505.
93,838.	92,109.	1,729.
		298,644.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,980,239.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,713,742.	
	b Donated services and use of facilities	2b	42,417.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	1,756,159.	
3	Subtract line 2e from line 1		3	4,224,080.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	179,385.	
	c Add lines 4a and 4b	4c	179,385.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,403,465.

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

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

1	Total expenses and losses per audited financial statements		1	3,735,236.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	42,417.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	42,417.	
3	Subtract line 2e from line 1		3	3,692,819.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	179,385.	
	c Add lines 4a and 4b	4c	179,385.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,872,204.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL STATEMENTS

179,385.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT EXPENSES NET WITH REVENUE ON FINANCIAL

STATEMENTS

179,385.

Public Disclosure Copy

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACCORD, A CENTER FOR DISPUTE RESOLUTION, INC - 350 STATE STREET - BINGHAMTON, NY 13901	16-1182234	501(C)(3)	33,500.	0.			DETERMINED TO SUCCEED AND VOICES FOR CHILDREN/COURT APPOINTED SPECIAL ADVOCATES (CASA)
ACTION FOR OLDER PERSONS, INC 200 PLAZA DRIVE VESTAL, NY 13850	23-7060657	501(C)(3)	70,550.	0.			HEALTH INSURANCE INFORMATION COUNSELING AND ASSISTANCE PROGRAM (HIICAP)
AMERICAN CIVIC ASSOCIATION 131 FRONT STREET BINGHAMTON, NY 13905	15-0539034	501(C)(3)	22,500.	0.			IMMIGRATION SOCIAL SERVICES PROGRAM
AMERICAN RED CROSS SOUTHERN TIER CHAPTER - 620 E MAIN STREET - ENDICOTT, NY 13760	53-0196605	501(C)(3)	53,070.	0.			DISASTER CYCLE SERVICES
BIG BROTHERS BIG SISTERS OF TWIN TIERS - 10 PARK STREET, SUITE 2 - TOWANDA, PA 18848-1839	23-2667343	501(C)(3)	30,000.	0.			COMMUNITY AND SCHOOL BASED MENTORING PROGRAM
BOYS & GIRLS CLUB OF BINGHAMTON 90 CLINTON STREET BINGHAMTON, NY 13905	15-0539040	501(C)(3)	159,001.	0.			CAMP SERTOMA, TEEN CENTER, MAIN UNIT, AND UPDATED KITCHEN EQUIPMENT

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOME COUNTY GANG PREVENTION 45 EXCHANGE STREET BINGHAMTON, NY 13901	47-0878897	501(C)(3)	45,000.	0.			AFTERSCHOOL AND SUMMER PROGRAM
BROOME-TIOGA NAACP P.O. BOX 741 BINGHAMTON, NY 13902	16-1424076	501(C)(3)	4,085.	0.			YOUTH EMPLOYMENT PREPARATION PROGRAM
CATHOLIC CHARITIES OF BROOME 232 MAIN STREET BINGHAMTON, NY 13905	16-1170407	501(C)(3)	158,804.	0.			TEEN TRANSITIONAL LIVING PROGRAM, FAMILY CONNECTIONS CENTER, FOOD PANTRY SYSTEM
CHILDREN'S HOME OF WYOMING CONFERENCE - 1182 CHENANGO ST - BINGHAMTON, NY 13901	15-0532090	501(C)(3)	15,000.	0.			WILDERNESS ADVENTURE PROGRAM DEVELOPMENT
CORNELL COOPERATIVES EXTENSION OF BROOME COUNTY - 840 UPPER FRONT STREET - BINGHAMTON, NY 13902	16-6072872	501(C)(3)	28,343.	0.			HLC NUTRITION PROGRAM & 4-H YOUTH DEVELOPMENT PROGRAM
COUNCIL OF CHURCHES - BROOME 3 OTSENINGO STREET BINGHAMTON, NY 13903	15-0547374	501(C)(3)	20,941.	0.			SNAP DOUBLE UP PROGRAM AND FAITH IN ACTION VOLUNTEERS (FIAV) PROGRAM COORDINATOR
CRIME VICTIMS ASSISTANCE CENTER 377 ROBINSON STREET BINGHAMTON, NY 13904	16-1277309	501(C)(3)	65,606.	0.			CHILD ADVOCACY CENTER
DEPOSIT COMMUNITY CENTER DBA WILSON CHILDREN'S CENTER - 61 FRONT STREET - DEPOSIT, NY 13754	16-1570979	501(C)(3)	37,200.	0.			CHILDREN'S CENTER
DEPOSIT FOUNDATION, INC 119 FRONT STREET DEPOSIT, NY 13754	22-3073647	501(C)(3)	7,514.	0.			VOLUNTEER TRANSPORTATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN BINGHAMTON COURTYARD MARKET - 40-50 COURT STREET - BINGHAMTON, NY 13901	84-2068390	501(C)(3)	5,001.	0.			URBAN FARMERS MARKET
FAIRVIEW RECOVERY SERVICES, INC. 5 MERRICK ST BINGHAMTON, NY 13904	16-0975539	501(C)(3)	11,600.	0.			VOICES RECOVERY CENTER INSULATION PROJECT
FAMILY COUNSELING SERVICES OF CORTLAND COUNTY, INC. - 165 MAIN STREET, SUITE A - CORTLAND, NY 13045	16-0975006	501(C)(3)	54,000.	0.			SCHOOL BASED MENTAL HEALTH SERVICES
FAMILY ENRICHMENT NETWORK OF BROOME - 24 CHERRY STREET - JOHNSON CITY, NY 13790	16-1113373	501(C)(3)	8,017.	0.			WALK WITH ME PROGRAM
FAMILY PLANNING OF SOUTH CENTRAL NY - 117 HAWLEY STREET - BINGHAMTON, NY 13901	16-1005972	501(C)(3)	63,446.	0.			ACCESS TO HEALTHCARE AND TEEN PREGNANCY PREVENTION
FIRST PRESBYTERIAN CHURCH OF JOHNSON CITY - 2 MAIN STREET - JOHNSON CITY, NY 13790	15-0621821	501(C)(3)	46,500.	0.			THIS DAY PROJECT
FOOD BANK OF THE SOUTHERN TIER 338 UPPER OAKWOOD AVE ELMIRA, NY 14903	20-8808059	501(C)(3)	50,000.	0.			MOBILE FOOD PANTRY
GIRL SCOUTS OF NYPENN PATHWAY 226 COLONIAL DR HORSEHEADS, NY 14845	16-0844808	501(C)(3)	12,000.	0.			10102 CAMP BEYOND
HELPING CELEBRATE ABILITIES 18 BROAD STREET JOHNSON CITY, NY 13790	15-0516395	501(C)(3)	6,596.	0.			DEVELOPMENTAL SCREENING PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTER 500 CLUBHOUSE ROAD VESTAL, NY 13850	15-0547107	501(C)(3)	105,400.	0.			EARLY CHILDHOOD CENTER AND KIDS CONNECTION
LIFE CHOICES CENTER, INC. 93 OAK STREET BINGHAMTON, NY 13905	16-1498124	501(C)(3)	8,330.	0.			FLOORING UPGRADE PROJECT
LITERACY VOLUNTEERS OF BROOME-TIOGA - 185 COURT STREET - BINGHAMTON, NY 13901	16-6182852	501(C)(3)	16,575.	0.			LITERACY EDUCATION IMPROVES WORKFORCE OPPORTUNITIES PROGRAM
MOMS HOUSE OF ENDICOTT NY, INC. 770 HARRY L DRIVE JOHNSON CITY, NY 13790	16-1309049	501(C)(3)	7,500.	0.			PARENT SELF-SUFFICIENCY PROGRAM
MOTHERS AND BABIES PERINATAL NETWORK OF SCNY, INC - 457 STATE STREET - BINGHAMTON, NY 13901	16-1478905	501(C)(3)	60,000.	0.			PAL FAMILY RESOURCE CENTER
NEW YORK COUNCIL OF NONPROFITS 272 BROADWAY ALBANY, NY 12204	14-1343047	501(C)(3)	7,500.	0.			CAPACITY BUILDING PROGRAM
RESEARCH FOUNDATION FOR SUNY - BU P.O. BOX 9 ALBANY, NY 12201-0009	14-1368361	501(C)(3)	14,591.	0.			BINGHAMTON UNIVERSITY COMMUNITY SCHOOLS
RISE NY AKA SOS SHELTER P.O. BOX 6000 ENDICOTT, NY 13761	16-1119831	501(C)(3)	95,000.	0.			RESIDENTIAL AND NON-RESIDENTIAL SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SHELTER
RURAL HEALTH NETWORK OF SOUTH CENTRAL NY - 455 COURT STREET - BINGHAMTON, NY 13904	22-3568461	501(C)(3)	93,245.	0.			LOCAL FOOD FOR HEALTH PROJECT, GETTHERE TRANSPORTATION TO EMPLOYMENT PROGRAM,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAFE STREETS (NOMA) 12 EDWARDS ST BINGHAMTON, NY 13904	45-4855390	501(C)(3)	19,143.	0.			FAMILY SKILL BUILDING PROGRAM AND NOMA GOVERNANCE PROJECT
SALVATION ARMY - BROOME PO BOX 1167 BINGHAMTON, NY 13901	13-5562351	501(C)(3)	49,000.	0.			PATHWAY OF HOPE
SOUTHERN TIER INDEPENDENCE CENTER 135 E FREDERICK STREET BINGHAMTON, NY 13904	16-1204347	501(C)(3)	66,594.	0.			CHILDREN AND FAMILY MENTAL HEALTH COUNSELING, MITC CLIENT PROFILES UPGRADE, AND STIC LAPTOP
STACK PROJECT, INC. POB 126 LAURENS, NY 13796	84-4011010	501(C)(3)	10,000.	0.			FINANCIAL STABILITY PROGRAM
STAND WITH ME ASSISTANCE DOG TEAM TRAINING - 650 HANCE ROAD - BINGHAMTON, NY 13903	81-3933303	501(C)(3)	30,000.	0.			VETERAN SERVICE-DOG TRAINING PROGRAM
TRIPLE CITIES MAKERSPACE, INC 362 STATE STREET BINGHAMTON, NY 13901	46-3335408	501(C)(3)	18,500.	0.			ADVANCED MANUFACTURING WORKFORCE DEVELOPMENT AND ENHANCED STEAM EDUCATION, & ARTISTIC RESOURCES AND
URBAN LEAGUE, INC. 43-45 CARROLL ST BINGHAMTON, NY 13901	15-0547362	501(C)(3)	25,933.	0.			AFTER SCHOOL AND SUMMER ENRICHMENT PROGRAM
VOLUNTEERS IMPROVING NEIGHBORHOOD ENVIRONMENTS, INC - P.O. BOX 3104 - BINGHAMTON, NY 13902-3104	27-2617454	501(C)(3)	81,547.	0.			FARM SHARE, GREEN THUMB WORKSHOP, WELLNESS WAGON, AND GROW BINGHAMTON PROGRAM
VOLUNTEERS OF AMERICA OF WESTERN NY - 214 LAKE AVE - ROCHESTER, NY 14608	16-6011713	501(C)(3)	77,991.	0.			MENTAL HEALTH SUPPORT FOR HOMELESS INDIVIDUALS, FOCUS AND FITNESS PROGRAM, AND FLOOR

Schedule I (Form 990)

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: RISE NY AKA SOS SHELTER

(H) PURPOSE OF GRANT OR ASSISTANCE: RESIDENTIAL AND NON-RESIDENTIAL

SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND SHELTER ATTIC RENOVATIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

RURAL HEALTH NETWORK OF SOUTH CENTRAL NY

(H) PURPOSE OF GRANT OR ASSISTANCE: LOCAL FOOD FOR HEALTH PROJECT, GETTHERE TRANSPORTATION TO EMPLOYMENT PROGRAM, GETTHERE CONNECTION TO CARE AND PAYROLL SOFTWARE UPGRADE TO IMPROVE HUMAN RESOURCES FUNCTIONS

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN TIER INDEPENDENCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN AND FAMILY MENTAL HEALTH COUNSELING, MITC CLIENT PROFILES UPGRADE, AND STIC LAPTOP UPGRADE

NAME OF ORGANIZATION OR GOVERNMENT: TRIPLE CITIES MAKERSPACE, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCED MANUFACTURING WORKFORCE DEVELOPMENT AND ENHANCED STEAM EDUCATION, & ARTISTIC RESOURCES AND PROGRAMMING FOR CREATIVE MINDS CAPACITY GRANT

NAME OF ORGANIZATION OR GOVERNMENT: VOLUNTEERS OF AMERICA OF WESTERN NY

(H) PURPOSE OF GRANT OR ASSISTANCE: MENTAL HEALTH SUPPORT FOR HOMELESS INDIVIDUALS, FOCUS AND FITNESS PROGRAM, AND FLOOR REPLACEMENT FOR WALK-IN FREEZER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (APPAREL)	X	1	35,616.	CURRENT LOCAL RATES
26 Other ()				
27 Other ()				
28 Other ()				

Public Disclosure Copy

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF BROOME COUNTY, INC.

Employer identification number

15-0564074

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

STRATEGICALLY LEVERAGING THE COLLECTIVE RESOURCES OF COMMUNITY
PARTNERS.

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

FUNDS TO PROGRAMS OF PARTNER AGENCIES THAT MEET IDENTIFIED NEEDS.

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

EMERGENCY GRANT PROGRAM, THE HEALTHY LIFESTYLES COALITION GRANT
PROGRAM, AND THE CAPACITY BUILDING GRANT PROGRAM. COMMUNITY VOLUNTEERS
SERVE ON IMPACT COUNCILS AND MAKE RECOMMENDATIONS
TO THE BOARD OF DIRECTORS REGARDING THE DISBURSEMENT OF FUNDS RAISED IN
THE ANNUAL COMMUNITY CAMPAIGN TO FUND COMMUNITY PARTNERS THROUGH THE
LISTED GRANT PROGRAMS. FUNDS USED ARE MONITORED TO ENSURE UTILIZATION
MEETS HIGH STANDARDS, SET GOALS ARE ACHIEVED AND IMPACT IS ATTAINED.
PERIODIC PROGRAM AND FINANCIAL REPORTS OF FUNDED COMMUNITY PARTNERS ARE
SUBMITTED FOR REVIEW BY THE COMMUNITY IMPACT AND INITIATIVES TEAM,
IMPACT COUNCILS, AND THE BOARD OF DIRECTORS. COMMUNITY IMPACT AND
INITIATIVES PROGRAMS UNDERSTAND COMMUNITY NEEDS, ARE AWARE OF COMMUNITY
RESOURCES, AND HAVE KNOWLEDGE OF LOCAL AND NATIONAL BEST PRACTICE
STRATEGIES. BY LEVERAGING AND ALIGNING THE ORGANIZATION'S UNIQUE
STRENGTHS AND ABILITIES, COMMUNITY IMPACT AND INITIATIVES PROGRAMS
ENGAGE IN RELATIONSHIPS AND PARTNERSHIPS, AND MEASURE RESULTS, ENSURING
THE HIGHEST LEVEL OF ACCOUNTABILITY, INTEGRITY, AND IMPACT.

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

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

Schedule O (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

FORM 990, PART XII, LINE 2C:

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

Contact Information**Filing Year**

2022

Charity Name

UNITED WAY OF BROOME COUNTY INC

NY Registration Number

00-44-78

Registration Category

DUAL

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

No

EIN

150564074

Organization Type

Corporation

What is the organization's IRS tax exemption status?

501(c)(3)

Fiscal year end

06/30

Has the fiscal year end changed?

No

Organization Email

info@uwbroome.org

Organization's phone number

607-240-2000

Website

www.uwbroome.org

Address**Organizations Mailing Address**

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

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

No

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

Yes

Primary Contact Information**First Name**

Paula

Last Name

Perna

Title

Executive Director

Email

pperna@uwbroome.org

Phone

607-240-2014

Organization Type**Which IRS form does your organization use?**

IRS990

Is your organization a public charity or other IRS 990 series filer other than a private foundation

Yes

3rd Party Preparer

Are you a third-party preparer?

Yes

First Name

Shannon

Last Name

Forkin

Title

CPA

Firm Name

Dannible & McKee, LLP

Phone

315-472-9127

Email

sforkin@dmcpas.com

Address221 South Warren Street, Syracuse, NY 13202,
United States

Registration Category

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

Yes

Does the organization have assets in New York State?

Yes

Is the organization incorporated or formed in New York State?

Yes

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

Yes

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

No

Public Charity

Did the organization solicit or receive contributions during the fiscal year in New York State?

Yes

Choose the total contributions in NY state this fiscal year

\$1,000,000-\$4,999,999

Annual Exemption

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

No

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

Financial Information

Which IRS form does your organization use?

IRS990

Enter organization's total contributions

3,211,182

Enter organization's total revenue

4,403,465

Enter organization's net assets

34,172,516

For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?

None of the above

Filing Information

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

No

Did the organization receive government grants during this fiscal year?

Yes

Name of Government Agency

Chenango County Department of Social Services

Grant Amount

\$3,000.00

Name of Government Agency

Broome County Department of Social Services

Grant Amount

\$956.00

Name of Government Agency

New York State Department of Health

Grant Amount

\$147,224.00

Name of Government Agency

IRS VITA Grant Program

Grant Amount

\$35,000.00

Documents

File Name	Document Type
United Way of Broome County 2023 FS.pdf	AUDIT
2022 Public Disclosure Copy Form 990 - United Way of Broome County, Inc..pdf	IRS