

**CHAR500
Online**For new annual filings,
and amendments**Annual Filing for Charitable Organizations**New York State Office of the Attorney General
Charities Bureau - Registration Section
28 Liberty Street
New York, NY 10005
charitiesnys.com**Open to Public
Inspection**

Filing Type:

 New Filing AmendmentFiling Year: 2022**General Information**

Current Organization Name: BABYLON BREAST CANCER COALITION INC Updated Name: N/A

NY Registration Number: 05-94-56 Registration Category: DUAL

Organization Type: Corporation EIN: 113191035

Current Fiscal Year End: 12/31 Updated Fiscal Year End: N/A

Organization Email: info@babylonbreastcancer.org Organization's Phone: 6318934110

Tax Exempt Status: 501(c)(3) Website: www.babylonbreastcancer.org

Organization Address

| Mailing Address | Principal Address | NY State Address |
|--|--|------------------|
| 218 NORTH WELLWOOD AVE, NO 2 LINDENHURST NY 11757 UNITED STATES | 218 NORTH WELLWOOD AVE, NO 2 LINDENHURST NY 11757 UNITED STATES | NA |

Primary Contact Information

First Name: Nick Last Name: Radesca Title: Treasurer

Phone: 631-960-5386 Email: Nick2p@yahoo.com

Organization Type

Type of IRS document filed with IRS: IRS990 Organization Type: Public

Third Party Preparer Information

First Name: Garrett Last Name: Majka Title: Accountant

Firm Name: Cerini & Associates, LLP. Phone: 6315821600 Email: gmajka@cerinicpa.com

Third Party Address

Street: 3340 Veteran's Memorial Hwy

City: Bohemia State: NY

Zip: 11716 Country: United States

Registration Category

1. Does the organization conduct activity in New York State (other than soliciting) ? This may include, but is not limited to, maintaining an office, having employees or running a program.
 Yes No
2. Does the organization have assets in New York State?
 Yes No
3. Is the organization incorporated or formed in New York State?
 Yes No
4. Does the organization solicit, or plan to solicit or receive more than \$25,000 annually in total contributions from New York State residents, foundations, corporations, or government agencies?
 Yes No
5. Does the organization use a professional fundraiser or fundraising counsel?
 Yes No

Based on your responses to the above questions, this organization's registration category remains as DUAL

Public Charity

1. Did the organization solicit or receive contributions during the fiscal year in New York State?
 Yes No
3. Choose the total contributions in New York State this fiscal year: \$250,000-\$749,000

Annual Exemptions

1. Were the total contributions from New York State, including residents, foundations, government agencies, etc. under \$25,000 during the fiscal year?
 Yes No N/A
2. Did the organization use a professional fundraiser or fundraising counsel during the fiscal year?
 Yes No N/A
3. Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year?
 Yes No

Based on your responses to annual exemption questions, this organization is required to file under DUAL during this fiscal year.

Financial Information

Type of IRS document filed with IRS IRS990 Organization's total revenue: 269,415
 Organization's total contributions: 259,271 Organization's total assets: N/A
 Organization's net assets: 427,563 Organization's total revenue and contributions: N/A
 Organization's total liabilities: N/A Organization's total assets/worth: N/A
 Organization's total income: N/A

For the current filing year, does your organization plan to do any of the following with its Charities Bureau Registration?

Closing Withdrawing Dissolving None

Is this your final filing with New York State? Yes No N/A

Filing Information

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

Yes No

| General Information | Description of Services | Description of Compensation |
|--|-------------------------|-----------------------------|
| Name of Firm: <u>N/A</u> Type: <u>N/A</u> Reg Number: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |
| Name of Firm: <u>N/A</u> Type: <u>N/A</u> Registration ID: <u>N/A</u> Contract Start: <u>N/A</u> Contract End: <u>N/A</u> Amount Paid: <u>N/A</u> Phone : <u>N/A</u> Mailing Address: <u>N/A</u> | <u>N/A</u> | <u>N/A</u> |

Did the organization receive government grants during this fiscal year?

Yes No

| Government Grant Agency | Grant Amount |
|---|--------------|
| Suffolk County Department of Health Services | \$5,000.00 |
| Office of the Attorney General of the State of NY | \$35,000.00 |
| N/A | N/A |
| N/A | N/A |
| N/A | N/A |

Documents

Attached organization's required documents:


- IRS document
- Certified Public Accountant's Audit Report
- Certified Public Accountant's Review Report
- Complete Certificate of Amendment or other document amending the name
- Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| Role | First Name | Last Name | Email |
|-----------|------------|-----------|------------------------------|
| President | Karen | Kunkel | Karenfandfglencove@gmail.com |
| Treasurer | Nicholas | Radesca | Nick2p@yahoo.com |

Signature of
President

DocuSigned by:


Date: 9/18/2023

Signature of
Treasurer

DocuSigned by:


Date: 9/18/2023



BABYLON BREAST CANCER COALITION, INC.

***FINANCIAL STATEMENTS AND
INDEPENDENT ACCOUNTANTS' REVIEW REPORT***

FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021



Connected
to your business
goals
success

BABYLON BREAST CANCER COALITION, INC.

**FINANCIAL STATEMENTS AND
INDEPENDENT ACCOUNTANTS' REVIEW REPORT
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021
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INDEPENDENT ACCOUNTANTS' REVIEW REPORT

Board of Directors of the
Babylon Breast Cancer Coalition, Inc.
218 North Wellwood Ave
Lindenhurst, New York 11757

We have reviewed the accompanying financial statements of the Babylon Breast Cancer Coalition, Inc. (hereinafter, the "Organization"), which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of the Organization's management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement whether due to fraud or error.

Accountants' Responsibility

Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Organization and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our reviews.

Accountants' Conclusion

Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with accounting principles generally accepted in the United States of America.

Cerini & Associates LLP

Bohemia, New York
June 30, 2023

BABYLON BREAST CANCER COALITION, INC.**STATEMENTS OF FINANCIAL POSITION
DECEMBER 31,****2022 2021****ASSETS****Current Assets:**

| | | | | |
|--------------------------------|----|--------|----|---------|
| Cash and cash equivalents..... | \$ | 78,338 | \$ | 103,420 |
| Investments | | 63,000 | | 80,000 |
| Receivables..... | | - | | 14,230 |
| Prepaid expenses..... | | 4,673 | | 4,945 |

| | | | | |
|-----------------------------|--|---------|--|---------|
| TOTAL CURRENT ASSETS | | 146,011 | | 202,595 |
|-----------------------------|--|---------|--|---------|

| | | | | |
|---|--|---------|--|---------|
| Long-term investments | | 294,000 | | 236,000 |
| Property and equipment, net of accumulated depreciation and amortization..... | | 32,123 | | 38,068 |
| Other assets..... | | 1,400 | | 1,400 |

| | | | | |
|---------------------|----|---------|----|---------|
| TOTAL ASSETS | \$ | 473,534 | \$ | 478,063 |
|---------------------|----|---------|----|---------|

LIABILITIES AND NET ASSETS**Current Liabilities:**

| | | | | |
|--|----|--------|----|--------|
| Accrued expenses..... | \$ | 11,954 | \$ | 4,654 |
| Current portion of pledge payable..... | | 20,000 | | 15,000 |
| Deferred revenue..... | | 4,017 | | 4,571 |

| | | | | |
|----------------------------------|--|--------|--|--------|
| TOTAL CURRENT LIABILITIES | | 35,971 | | 24,225 |
|----------------------------------|--|--------|--|--------|

| | | | | |
|---|--|--------|--|--------|
| Pledge payable, net of current portion..... | | 10,000 | | 20,000 |
|---|--|--------|--|--------|

| | | | | |
|--------------------------|--|--------|--|--------|
| TOTAL LIABILITIES | | 45,971 | | 44,225 |
|--------------------------|--|--------|--|--------|

Net Assets:

| | | | | |
|---------------------------------|--|---------|--|---------|
| Without donor restrictions..... | | 427,563 | | 419,700 |
| With donor restrictions..... | | - | | 14,138 |

| | | | | |
|-------------------------|--|---------|--|---------|
| TOTAL NET ASSETS | | 427,563 | | 433,838 |
|-------------------------|--|---------|--|---------|

| | | | | |
|---|----|---------|----|---------|
| TOTAL LIABILITIES AND NET ASSETS | \$ | 473,534 | \$ | 478,063 |
|---|----|---------|----|---------|

BABYLON BREAST CANCER COALITION, INC.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2022

| | Net Assets Without Donor Restrictions | Net Assets With Donor Restrictions | Total |
|---|--|---------------------------------------|----------------|
| SUPPORT AND REVENUE | | | |
| Support: | | | |
| Contributions | \$ 127,094 | \$ - | \$ 127,094 |
| Grants..... | 65,000 | - | 65,000 |
| Paycheck Protection Program loan forgiveness..... | - | - | - |
| Special events..... | 67,177 | - | 67,177 |
| Net assets released from restrictions..... | 14,138 | (14,138) | - |
| TOTAL SUPPORT | 273,409 | (14,138) | 259,271 |
| Revenue: | | | |
| Program income..... | 3,915 | - | 3,915 |
| Investment, interest, and other income..... | 6,229 | - | 6,229 |
| Gain on sale of property and equipment..... | - | - | - |
| TOTAL REVENUE | 10,144 | - | 10,144 |
| TOTAL SUPPORT AND REVENUE | 283,553 | (14,138) | 269,415 |
| EXPENSES | | | |
| Program services: | | | |
| Prevention and education..... | 6,651 | - | 6,651 |
| Services..... | 152,756 | - | 152,756 |
| Support..... | 48,649 | - | 48,649 |
| TOTAL PROGRAM SERVICES | 208,056 | - | 208,056 |
| Supporting services: | | | |
| Management and general..... | 29,647 | - | 29,647 |
| Fundraising..... | 37,987 | - | 37,987 |
| TOTAL SUPPORTING SERVICES | 67,634 | - | 67,634 |
| TOTAL EXPENSES | 275,690 | - | 275,690 |
| CHANGE IN NET ASSETS | 7,863 | (14,138) | (6,275) |
| Net assets, beginning of the year..... | 419,700 | 14,138 | 433,838 |
| Net assets, end of the year..... | \$ 427,563 | \$ - | \$ 427,563 |

See accompanying notes and Independent Accountants' Review Report.

BABYLON BREAST CANCER COALITION, INC.

STATEMENT OF ACTIVITIES
FOR THE YEAR ENDED DECEMBER 31, 2021

| | Net Assets Without Donor Restrictions | Net Assets With Donor Restrictions | Total |
|---|--|---------------------------------------|----------------|
| SUPPORT AND REVENUE | | | |
| Support: | | | |
| Contributions | \$ 83,744 | \$ - | \$ 83,744 |
| Grants..... | 57,612 | 14,138 | 71,750 |
| Paycheck Protection Program loan forgiveness..... | 20,520 | - | 20,520 |
| Special events..... | 48,079 | - | 48,079 |
| Net assets released from restrictions..... | - | - | - |
| TOTAL SUPPORT | 209,955 | 14,138 | 224,093 |
| Revenue: | | | |
| Program income..... | 5,925 | - | 5,925 |
| Investment, interest, and other income..... | 6,568 | - | 6,568 |
| Gain on sale of property and equipment..... | 2,000 | - | 2,000 |
| TOTAL REVENUE | 14,493 | - | 14,493 |
| TOTAL SUPPORT AND REVENUE | 224,448 | 14,138 | 238,586 |
| EXPENSES | | | |
| Program services: | | | |
| Prevention and education..... | 10,438 | - | 10,438 |
| Services..... | 130,487 | - | 130,487 |
| Support..... | 43,887 | - | 43,887 |
| TOTAL PROGRAM SERVICES | 184,812 | - | 184,812 |
| Supporting services: | | | |
| Management and general..... | 27,356 | - | 27,356 |
| Fundraising..... | 30,275 | - | 30,275 |
| TOTAL SUPPORTING SERVICES | 57,631 | - | 57,631 |
| TOTAL EXPENSES | 242,443 | - | 242,443 |
| CHANGE IN NET ASSETS | (17,995) | 14,138 | (3,857) |
| Net assets, beginning of the year..... | 437,695 | - | 437,695 |
| Net assets, end of the year..... | \$ 419,700 | \$ 14,138 | \$ 433,838 |

See accompanying notes and Independent Accountants' Review Report.

BABYLON BREAST CANCER COALITION, INC.**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2022**

| | Program Services | | | | Supporting Services | | | |
|---|-----------------------------|-------------------|------------------|-------------------|---------------------------|------------------|------------------|-------------------|
| | Prevention and Education | Services | Support | Total | Management and General | Fund Raising | Total | Total |
| Salaries, payroll taxes, and fringe benefits..... | \$ 1,280 | \$ 43,381 | \$ 42,161 | \$ 86,822 | \$ 16,840 | \$ 28,583 | \$ 45,423 | \$ 132,245 |
| Occupancy..... | 171 | 5,808 | 5,645 | 11,624 | 2,255 | 3,827 | 6,082 | 17,706 |
| Program expenses..... | - | 89,830 | - | 89,830 | - | - | - | 89,830 |
| Grants and scholarships..... | 5,000 | - | - | 5,000 | - | - | - | 5,000 |
| Insurance..... | - | 527 | - | 527 | 968 | 59 | 1,027 | 1,554 |
| Supplies..... | - | - | - | - | 249 | 3,471 | 3,720 | 3,720 |
| Professional fees..... | 11 | 372 | 361 | 744 | 5,844 | 245 | 6,089 | 6,833 |
| Office expense..... | 153 | 4,244 | 482 | 4,879 | 477 | 582 | 1,059 | 5,938 |
| Computer and equipment..... | - | 1,268 | - | 1,268 | 1,110 | 792 | 1,902 | 3,170 |
| Bank and credit card fees..... | - | - | - | - | 1,404 | - | 1,404 | 1,404 |
| Depreciation and amortization expense..... | - | 5,945 | - | 5,945 | - | - | - | 5,945 |
| Miscellaneous..... | 36 | 1,381 | - | 1,417 | 500 | 428 | 928 | 2,345 |
| TOTAL EXPENSES | \$ 6,651 | \$ 152,756 | \$ 48,649 | \$ 208,056 | \$ 29,647 | \$ 37,987 | \$ 67,634 | \$ 275,690 |

See accompanying notes and Independent Accountants' Review Report.

BABYLON BREAST CANCER COALITION, INC.**STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2021**

| | Program Services | | | | Supporting Services | | | |
|---|-----------------------------|-------------------|------------------|-------------------|---------------------------|------------------|------------------|-------------------|
| | Prevention and Education | Services | Support | Total | Management and General | Fund Raising | Total | Total |
| Salaries, payroll taxes, and fringe benefits..... | \$ 2,907 | \$ 40,270 | \$ 38,002 | \$ 81,179 | \$ 16,732 | \$ 21,565 | \$ 38,297 | \$ 119,476 |
| Occupancy..... | 424 | 5,829 | 5,545 | 11,798 | 2,442 | 3,141 | 5,583 | 17,381 |
| Program expenses..... | 4,000 | 73,423 | - | 77,423 | - | - | - | 77,423 |
| Grants and scholarships..... | 3,000 | - | - | 3,000 | - | - | - | 3,000 |
| Insurance..... | - | 1,230 | - | 1,230 | 210 | 13 | 223 | 1,453 |
| Supplies..... | - | - | - | - | - | 3,551 | 3,551 | 3,551 |
| Professional fees..... | 26 | 358 | 340 | 724 | 5,750 | 193 | 5,943 | 6,667 |
| Office expense..... | 67 | 5,324 | - | 5,391 | 266 | 998 | 1,264 | 6,655 |
| Computer and equipment..... | - | 1,023 | - | 1,023 | 896 | 639 | 1,535 | 2,558 |
| Bank and credit card fees..... | - | - | - | - | 827 | - | 827 | 827 |
| Depreciation and amortization expense..... | - | 2,248 | - | 2,248 | - | - | - | 2,248 |
| Miscellaneous..... | 14 | 782 | - | 796 | 233 | 175 | 408 | 1,204 |
| TOTAL EXPENSES | \$ 10,438 | \$ 130,487 | \$ 43,887 | \$ 184,812 | \$ 27,356 | \$ 30,275 | \$ 57,631 | \$ 242,443 |

See accompanying notes and Independent Accountants' Review Report.

BABYLON BREAST CANCER COALITION, INC.**STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31,****2022****2021****CASH FLOWS FROM OPERATING ACTIVITIES**

| | | | | |
|---------------------------|----|---------|----|---------|
| Change in net assets..... | \$ | (6,275) | \$ | (3,857) |
|---------------------------|----|---------|----|---------|

**Adjustments to reconcile change in net assets to net cash provided
by/(used in) operating activities:**

| | | | | |
|---|--|-------|--|----------|
| Depreciation and amortization expense..... | | 5,945 | | 2,248 |
| Paycheck Protection Program loan forgiveness..... | | - | | (20,520) |
| Gain on sale of property and equipment..... | | - | | (2,000) |

Changes in operating assets and liabilities:

| | | | | |
|-----------------------|--|---------|--|----------|
| Receivables..... | | 14,230 | | 29,411 |
| Prepaid expenses..... | | 272 | | 84 |
| Accrued expenses..... | | 7,300 | | 829 |
| Deferred revenue..... | | (554) | | (852) |
| Pledge payable..... | | (5,000) | | (10,000) |

| | | | | |
|--|--|---------------|--|----------------|
| NET CASH PROVIDED BY/(USED IN) OPERATING ACTIVITIES | | 15,918 | | (4,657) |
|--|--|---------------|--|----------------|

CASH FLOWS FROM INVESTING ACTIVITIES

| | | | | |
|--|--|-----------|--|-----------|
| Purchases of certificates of deposits..... | | (121,000) | | (126,000) |
| Redemptions of certificates of deposits..... | | 80,000 | | 40,000 |
| Purchase of property and equipment..... | | - | | (38,316) |
| Sale of property and equipment..... | | - | | 6,000 |

| | | | | |
|--|--|-----------------|--|------------------|
| NET CASH USED IN INVESTING ACTIVITIES | | (41,000) | | (118,316) |
|--|--|-----------------|--|------------------|

CASH FLOWS PROVIDED BY FINANCING ACTIVITIES

| | | | | |
|---|--|---|--|--------|
| Proceeds from Paycheck Protection Program loan..... | | - | | 20,520 |
|---|--|---|--|--------|

| | | | | |
|--|--|-----------------|--|------------------|
| NET CHANGE IN CASH AND CASH EQUIVALENTS | | (25,082) | | (102,453) |
|--|--|-----------------|--|------------------|

| | | | | |
|---|--|---------|--|---------|
| Cash and cash equivalents, beginning of year..... | | 103,420 | | 205,873 |
|---|--|---------|--|---------|

| | | | | |
|---|----|--------|----|---------|
| Cash and cash equivalents, end of year..... | \$ | 78,338 | \$ | 103,420 |
|---|----|--------|----|---------|

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of the Babylon Breast Cancer Coalition, Inc. (the "Organization") is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management, who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

Organization

The Organization is a nonprofit organization dedicated to various breast and gynecological cancer concerns. Founded in 1993, the Organization continues to be a grassroots organization, providing an array of patient support services, education, and advocacy programs.

The Organization focuses on four essential goals:

1. Prevention - Support of the Precautionary Principle, Prevention is the Cure: encouragement and education about a healthy alternative lifestyle.
2. Education - Providing up-to-date information through the Organization's website and through social media posts, emails, and information packets offering adult and student environmental awareness programs designed to help participants reduce their exposure to toxic chemicals.
3. Services - To offer breast and gynecological cancer patients a wealth of services paid for and facilitated by the Organization, such as the Lend a Helping Hand, SOS, and the Pink Ribbon Programs.
4. Support - To provide support and referral services to breast and gynecological cancer patients and their families.

Income Tax Status

The Organization qualifies as a tax-exempt organization under section 501(c)(3) of the Internal Revenue Code, a public charity under section 170(b)(1)(A)(vi) and is publicly supported as described in section 509(a)(1). The Organization is also exempt from state and local taxes.

The Organization evaluated its activities for uncertain tax positions and has determined that there were no uncertain tax positions taken during the years ended December 31, 2022 and 2021.

The Organization files an IRS Form 990 and respective state and local tax returns. These tax returns are subject to review and examination by federal, state, and local taxing authorities. The Organization has determined that it has registered in all states where it is required to be registered.

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**Basis of Accounting**

These financial statements are presented on the accrual basis of accounting. Revenue is recorded when earned and expenses are recorded when incurred.

Basis of Presentation

The Organization is required to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions - Net assets that are not subject to donor-imposed stipulations.

Net assets with donor restrictions - Net assets subject to donor-imposed stipulations or other stipulations that may or will be met, either by action of the Organization and/or the passage of time. When a restriction expires, these net assets are reclassified annually to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions. Other donor restrictions may be perpetual in nature, where by the donor may stipulate the funds be maintained in perpetuity. The Organization did not have any net assets to be held in perpetuity as of December 31, 2022 and 2021.

Cash and Cash Equivalents

The Organization considers all unrestricted, highly-liquid investments with an initial maturity of three months or less to be cash and cash equivalents.

Fair Value Measurement

Investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value hierarchy is used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring the most observable inputs to be used when available.

Receivables

Receivables are stated at the amount management expects to collect from outstanding balances. The Organization considers receivables past due or delinquent when payments have not been received in a timely manner, and receivables are written off when management deems the possibility of collecting amounts due as completely unlikely. The Organization closely monitors outstanding balances for all receivables and adheres to a standard set of protocols for collection activities to be undertaken at certain times based upon delinquency status. Management estimates that all receivables at year-end will be collected.

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**Property and Equipment**

Property and equipment are stated at original cost or estimated fair value, if donated. Maintenance and repairs are charged to expense and major renewals and betterments over \$1,000 are capitalized.

Depreciation and amortization expense is computed using the straight-line method over each asset's estimated useful life for a period of five years or the lease term.

Revenue Recognition

Revenue received under grants is recognized when conditions are met, which is generally when applicable services specified in the grant agreements are performed. Program revenue is recorded as revenue when performance obligations are satisfied, at points in time, which is generally when the services are performed.

Contributions

Contributions are recognized when the donor makes a promise to give that is, in substance, unconditional. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions. Conditional contributions are accounted for as a liability or are not recognized as revenue initially, until the barriers to entitlement are overcome, at which point a transaction is recognized as unconditional and classified as either net assets with donor restrictions, or net assets without donor restrictions.

Special Events

Revenue from these events is recorded when performance obligations are satisfied, which is at the time the events take place. Revenue received in advance of the event is included in deferred revenue. Costs incurred for which a donor receives a direct benefit, exchange transactions, have been offset against the revenue in the statements of activities. Other costs related to the events for which the donor does not receive a direct benefit are included within fundraising costs in the statements of functional expenses.

Functional Expenses

The costs of providing the various programs and supporting services have been summarized on a functional basis in the accompanying statements of activities and functional expenses.

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Functional expenses for shared costs have been allocated between program services and support services based on an analysis of personnel time, space utilized, and other equitable bases for the related activities. The direct costs of providing the programs have all been allocated to program services. Some indirect costs including salaries, payroll taxes, and fringe benefits, and occupancy are based on management's estimates of time and costs utilized within each of the functional categories. Costs allocated to management and general are not affiliated with program related initiatives.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Donated Services

No amount has been reflected in the financial statements for donated services. The Organization pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist the Organization with enhancing its program activities. Donated services have not been recorded inasmuch as such services do not meet the criteria for recognition in the financial statements under accounting principles generally accepted in the United States of America, nor do they create or enhance non-financial assets.

Events Occurring After Report Date

The Organization has evaluated events and transactions that occurred between January 1, 2023 and June 30, 2023, which is the date the financial statements were available to be issued, for possible disclosure and recognition in the financial statements.

NOTE 2 - INVESTMENTS

The Organization presents investments in the statements of financial position at fair value. A fair value hierarchy has been established based on the observability of inputs to the evaluation of an asset or liability as of the measurement date. The three-level valuation techniques are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect market assumptions. These two types of inputs create the following fair value levels (Level 1, 2, and 3).

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 2 - INVESTMENTS (continued)

- Level 1: Level 1 instruments are valued using observable inputs that reflect quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access at the measurement date.
- Level 2: Level 2 instruments are valued using observable inputs, other than quoted prices included in Level 1, for the asset or liability or prices for similar assets and liabilities.
- Level 3: Level 3 instruments are valued using valuations that are derived from techniques in which one or more of the significant inputs are unobservable (including assumptions about risk). Because Level 3 fair values, by their nature, contain unobservable market inputs as there is no observable market for these assets and liabilities, considerable judgment is used to determine the Level 3 fair values. Level 3 fair values represent the Organization's best estimate of an amount that could be realized in a current market exchange absent actual market exchanges.

As of December 31, 2022 and 2021, all of the Organization's investments were valued using Level 2 inputs under the fair value hierarchy. The Organization's investments consist of certificates of deposit. The certificates of deposit yield between 0.62% and 4.70% per annum and have maturity dates ranging from August 2023 to March 2027. It is the Organization's policy to hold certificates of deposit until maturity.

NOTE 3 - LEASE

Effective January 2018, the Organization relocated its office to Lindenhurst, New York from its old office in Copiague, New York. The monthly lease payments were \$1,400 per month through December 31, 2020. Starting January 1, 2021, the lease was paid at a month-to-month basis with no change in monthly lease payment amount. Rent expense for both the years ended December 31, 2022 and 2021 was \$16,800.

NOTE 4 - NET ASSETS WITH DONOR RESTRICTIONS

During the year ended December 31, 2021, the Organization received a \$49,500 grant from the Town of Babylon restricted as to purpose, \$35,362 of which was spent during 2021 and \$14,138 was spent during 2022 and is reported as released from restrictions. During the year ended December 31, 2022, the Organization received a \$35,000 grant from the NYS Attorney General's Office, restricted as to purpose, \$35,000, of which was spent during 2022 and was reported as net assets without donor restrictions. As of December 31, 2021, net assets with donor restrictions was \$14,138. As of December 31, 2022, there was no net assets with donor restrictions.

NOTE 5 - PLEDGE PAYABLE

On October 10, 2019, the Organization entered into a multi-year pledge agreement with the Stony Brook Foundation to contribute \$10,000 per year over five years. During 2021, \$5,000 of the pledged \$10,000 payment was deferred until 2022 due to the COVID-19 pandemic.

BABYLON BREAST CANCER COALITION, INC.**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021****NOTE 5 - PLEDGE PAYABLE (continued)**

During 2022, \$5,000 of the pledged \$10,000 was deferred until 2023. The contributions are to be used to fund breast and gynecological cancer research.

Future minimum payments under the pledge agreement are as follows for the years ending December 31,:

| | | |
|------------|----|---------------|
| 2023..... | \$ | 20,000 |
| 2024..... | | 10,000 |
| Total..... | \$ | <u>30,000</u> |

NOTE 6 - CONCENTRATIONS OF RISK

The Organization maintains cash and investments in bank accounts with what it believes to be quality financial institutions which are insured by the Federal Deposit Insurance Corporation and the Securities Investor Protection Corporation. The Organization has not incurred any losses in such accounts to date.

NOTE 7 - LIQUIDITY

The following represents the Organization's financial assets at December 31,:

| | <u>2022</u> | <u>2021</u> |
|--|-------------------|-------------------|
| Cash and cash equivalents..... | \$ 78,338 | \$ 103,420 |
| Investments..... | 357,000 | 316,000 |
| Receivables..... | - | 14,230 |
| Total financial assets..... | <u>435,338</u> | <u>433,650</u> |
| Less amounts not available to be used within one year: | | |
| Long-term investments..... | (294,000) | (236,000) |
| Financial assets available to meet general expenditures over the next twelve months... | <u>\$ 141,338</u> | <u>\$ 197,650</u> |

The Organization's goal is generally to maintain financial assets to meet ninety days of operating expenses (approximately \$66,500). As part of its liquidity plan, excess cash is invested in a short-term money market account or investments. As of December 31, 2022, the Organization has sufficient funds to meet over ninety days of operating expenses.

NOTE 8 - FINANCIAL IMPACTS OF COVID-19

Due to the COVID-19 coronavirus spread, economic uncertainties have arisen which may negatively impact operating results. The financial impact of this matter cannot be estimated at this time.

BABYLON BREAST CANCER COALITION, INC.

**NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021**

NOTE 8 - FINANCIAL IMPACTS OF COVID-19 (continued)

In January 2021, the Organization received a second loan of \$20,520 as part of the Paycheck Protection Program of the United States of America CARES Act. In July 2021, the Organization received forgiveness for the loan and as such, recognized the loan forgiveness as revenue within the accompanying statement of activities for the year ended December 31, 2021.

EXTENDED TO NOVEMBER 15, 2023

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 and ending

| | | | |
|--|--|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization BABYLON BREAST CANCER COALITION, INC. | | D Employer identification number 11-3191035 |
| | Doing business as | | E Telephone number 631-893-4110 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 218 NORTH WELLWOOD AVENUE | | G Gross receipts \$ 269,415. |
| | City or town, state or province, country, and ZIP or foreign postal code LINDENHURST, NY 11757 | | |
| F Name and address of principal officer: KAREN KUNKEL SAME AS C ABOVE | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number | |

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **HTTP://WWW.BABYLONBREASTCANCER.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1993** **M** State of legal domicile: **NY**

| Part I Summary | | Prior Year | Current Year |
|---|---|---|---------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: THE BABYLON BREAST CANCER COALITION (BBCC) IS A NONPROFIT ORGANIZATION DEDICATED TO VARIOUS | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 10 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) | 5 | 3 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 90 |
| | 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) | 224,093. | 259,271. |
| | 9 Program service revenue (Part VIII, line 2g) | 5,925. | 3,915. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 8,499. | 6,229. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 69. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 238,586. | 269,415. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 3,000. | 5,000. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 119,476. | 132,245. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 37,987. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 119,967. | 138,445. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 242,443. | 275,690. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -3,857. | -6,275. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 478,063. | End of Year 473,534. |
| | 21 Total liabilities (Part X, line 26) | 44,225. | 45,971. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 433,838. | 427,563. |

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 KAREN KUNKEL, PRESIDENT | Date | | | |
| | Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name TANIA QUIGLEY | Preparer's signature | Date 09/11/23 | Check if self-employed <input type="checkbox"/> | PTIN P01549343 |
| | Firm's name CERINI & ASSOCIATES, LLP | Firm's EIN 11-3066459 | Firm's address 3340 VETERANS MEMORIAL HWY BOHEMIA, NY 11716 | | |
| Phone no. 631-582-1600 | | | | | |

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: THE BABYLON BREAST CANCER COALITION (BCC) IS A NONPROFIT ORGANIZATION DEDICATED TO VARIOUS BREAST AND GYNECOLOGICAL CANCER CONCERNS. BCC CONTINUES TO BE A GRASS-ROOTS ORGANIZATION, PROVIDING AN ARRAY OF PATIENT SUPPORT SERVICES, EDUCATION, AND ADVOCACY PROGRAMS.

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 \$ 152,756. including grants of \$) (Revenue \$ 3,915.) SERVICES: TO OFFER BREAST AND GYNECOLOGICAL CANCER PATIENTS A WEALTH OF SERVICES PAID FOR AND FACILITATED BY THE BABYLON BREAST CANCER COALITION, SUCH AS THE LEND A HELPING HAND, SOS AND THE PINK AND TEAL FITNESS PROGRAM.

4b (Code:) (Expenses \$ 48,649. including grants of \$) (Revenue \$) SUPPORT: TO PROVIDE SUPPORT, SCHOLARSHIP, AND REFERRAL SERVICES TO BREAST AND GYNECOLOGICAL CANCER PATIENTS AND THEIR FAMILIES.

4c (Code:) (Expenses \$ 6,548. including grants of \$ 5,000.) (Revenue \$) PREVENTION AND EDUCATION: SUPPORT OF THE PRECAUTIONARY PRINCIPLE, PREVENTION IS THE CURE: ENCOURAGEMENT AND EDUCATION ABOUT A HEALTHY ALTERNATIVE LIFESTYLE. PROVIDING UP-TO-DATE INFORMATION THROUGH OUR WEBSITE AND VIA SOCIAL MEDIA POSTS, EMAILS, AND INFORMATIONAL PACKETS. WE OFFER ADULT AND STUDENT ENVIRONMENTAL AWARENESS PROGRAMS DESIGNED TO HELP PARTICIPANTS REDUCE THEIR EXPOSURE TO TOXIC CHEMICALS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 103. including grants of \$) (Revenue \$)

4e Total program service expenses 208,056.

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)

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

Note: All Form 990 filers are required to complete Schedule O

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

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

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | |
| | 2a | | 3 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> | 14b | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. | 15 | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | X |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | |

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 10 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 10 | | |
| 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? | | |
| 10b | | | |
| 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 | |
| 12c | | | |
| 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? | | |
| 16b | | | |

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
NICHOLAS RADESCA - 631-893-4110
218 N. WELLWOOD AVE, LINDENHURST, NY 11757

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) KAREN KUNKEL PRESIDENT | 15.00 | X | | X | | | | 0. | 0. | 0. |
| (2) NICK RADESCA V.P FINANCE & TREASURER | 15.00 | X | | X | | | | 0. | 0. | 0. |
| (3) TONI ANNE SUMMERS SECRETARY | 5.00 | X | | X | | | | 0. | 0. | 0. |
| (4) LORI TINTELLA BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| (5) ERIKA TRIPOLI V.P OF FUNDRAISING | 8.00 | X | | X | | | | 0. | 0. | 0. |
| (6) ED WHITE, ESQ. BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) CASSIDY KAMMERER CO-VP OF FUNDRAISING | 8.00 | X | | X | | | | 0. | 0. | 0. |
| (8) MARISA MARCIANO BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JOANNE MARQUARDT BOARD MEMBER | 8.00 | X | | | | | | 0. | 0. | 0. |
| (10) GEORGIA WESTCOTT BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) SOPHIA L. FU, MD, MS, FACS ADVISORY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) LORRAINE GEYER ADVISORY BOARD MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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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 | 1a | | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 67,177. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) | 1e | 40,000. | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 152,094. | | | |
| | g | Noncash contributions included in lines 1a-1f | 1g | \$ | | | |
| | h | Total. Add lines 1a-1f | | 259,271. | | | |
| Program Service Revenue | 2 a | PROGRAM SERVICE FEES | Business Code | | | | |
| | | | 900099 | 3,915. | 3,915. | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | 3,915. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 6,229. | | 6,229. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | 6 a | Gross rents | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b | Less: rental expenses | 6b | | | | |
| | c | Rental income or (loss) | 6c | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 7b | | | | |
| | c | Gain or (loss) | 7c | | | | |
| | d | Net gain or (loss) | | | | | |
| 8 a | Gross income from fundraising events (not including \$ 67,177. of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | | | 0. | | | | |
| | | 8a | | | | | |
| b | Less: direct expenses | 8b | | 0. | | | |
| c | Net income or (loss) from fundraising events | | | 0. | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | | | | | | | |
| | | 9a | | | | | |
| b | Less: direct expenses | 9b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | | | | | | |
| | | | | | | | |
| | | 10a | | | | | |
| b | Less: cost of goods sold | 10b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | 11 a | | Business Code | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | | | | |
| 12 | Total revenue. See instructions | | 269,415. | 3,915. | 0. | 6,229. | |

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 Grants and other assistance to domestic individuals. See Part IV, line 22 | 5,000. | 5,000. | | |
| 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 | | | | |
| 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 | 121,959. | 80,069. | 15,530. | 26,360. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | 10,286. | 6,753. | 1,310. | 2,223. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 6,833. | 744. | 5,844. | 245. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 5,938. | 4,879. | 477. | 582. |
| 14 Information technology | 3,170. | 1,268. | 1,110. | 792. |
| 15 Royalties | | | | |
| 16 Occupancy | 17,706. | 11,624. | 2,255. | 3,827. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 5,945. | 5,945. | | |
| 23 Insurance | 1,554. | 527. | 968. | 59. |
| 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 PROGRAM EXPENSE | 89,830. | 89,830. | 0. | 0. |
| b SUPPLIES | 3,720. | 0. | 249. | 3,471. |
| c MISCELLANEOUS | 2,345. | 1,417. | 500. | 428. |
| d BANK AND CREDIT CARD FE | 1,404. | 0. | 1,404. | 0. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 275,690. | 208,056. | 29,647. | 37,987. |
| 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) Beginning of year | | (B) End of year |
|---|--|--------------------------|-----------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 48,164. | 1 | 27,640. |
| | 2 Savings and temporary cash investments | 55,256. | 2 | 50,698. |
| | 3 Pledges and grants receivable, net | 14,230. | 3 | |
| | 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 | 4,945. | 9 | 4,673. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 40,628. | | |
| | b Less: accumulated depreciation | 10b 8,505. | 38,068. | 10c 32,123. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 316,000. | 12 | 357,000. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,400. | 15 | 1,400. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 478,063. | 16 | 473,534. | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,654. | 17 | 11,954. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 4,571. | 19 | 4,017. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 35,000. | 25 | 30,000. |
| | 26 Total liabilities. Add lines 17 through 25 | 44,225. | 26 | 45,971. |
| 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 | 419,700. | 27 | 427,563. |
| | 28 Net assets with donor restrictions | 14,138. | 28 | 0. |
| | 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 | 433,838. | 32 | 427,563. |
| | 33 Total liabilities and net assets/fund balances | 478,063. | 33 | 473,534. |

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 | 269,415. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 275,690. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -6,275. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 433,838. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 427,563. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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? | X | |
| 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? | | X |
| 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 | | |

Form 990 (2022)

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.") | 330,345. | 254,311. | 228,650. | 224,093. | 259,271. | 1296670. |
| 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 | 330,345. | 254,311. | 228,650. | 224,093. | 259,271. | 1296670. |
| 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) | | | | | | 323,717. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 972,953. |

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 | 330,345. | 254,311. | 228,650. | 224,093. | 259,271. | 1296670. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 4,964. | 9,711. | 7,793. | 6,499. | 6,229. | 35,196. |
| 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.) | | | | 69. | | 69. |
| 11 Total support. Add lines 7 through 10 | | | | | | 1331935. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 3,915. |
| 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 | 73.05 % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 74.06 % |
| 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> | | |

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> | | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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> | Yes | No |
| 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> | | |

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 (<i>explain in detail in Part VI</i>): | | |
| 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 | | |

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: BABYLON BREAST CANCER COALITION, INC. Employer identification number: 11-3191035

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No). 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No). 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 2,312. | 2,312. | 0. |
| e Other | | 38,316. | 6,193. | 32,123. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 32,123. |

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) CERTIFICATES OF DEPOSIT | 357,000. | END-OF-YEAR MARKET VALUE |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 357,000. | |

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) PLEDGE PAYABLE | 30,000. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 30,000. |

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 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 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 | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 |

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 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | | 4c |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 |

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 X, LINE 2:

THE ORGANIZATION EVALUATED ITS ACTIVITIES FOR UNCERTAIN TAX POSITIONS AND HAS DETERMINED THAT THERE WERE NO UNCERTAIN TAX POSITIONS TAKEN DURING THE YEARS ENDED DECEMBER 31, 2022 AND 2021.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|-----------------------------------|---------------------|---|---------|
| | | TANGER 5K (event type) | SCHAFFER EVENT (event type) | 3 (total number) | | |
| Revenue | 1 | Gross receipts | 19,690. | 12,319. | 23,520. | 55,529. |
| | 2 | Less: Contributions | 19,690. | 12,319. | 23,520. | 55,529. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|---|---|---|--|--|
| | | | | | | |
| Revenue | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BABYLON BREAST CANCER COALITION, INC.

Employer identification number

11-3191035

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

BREAST AND GYNECOLOGICAL CANCER CONCERNS. BBCC CONTINUES TO BE A
GRASS-ROOTS ORGANIZATION, PROVIDING AN ARRAY OF PATIENT SUPPORT
SERVICES, EDUCATION, AND ADVOCACY PROGRAMS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

TO PROMOTE LEGISLATION TO INCREASE FUNDING FOR ENVIRONMENTAL RESEARCH
AND PROVIDE FUNDING FOR BREAST AND GYNECOLOGICAL CANCER PROJECTS.
EXPENSES \$ 103. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE DRAFT OF THE COMPLETED RETURNS ARE REVIEWED BY THE EXECUTIVE DIRECTOR.
ANY COMMENT ARISING FROM HER REVIEW ARE DISCUSSED, AND IF REQUIRED, CHANGES
ARE MADE TO THE DRAFT. THAT DRAFT WILL BE SUBMITTED TO THE BOARD FOR
REVIEW. ONCE THE BOARD COMPLETED ITS REVIEW, COPIES OF THE RETURNS WILL BE
PROVIDED TO ALL THE BOARD MEMBERS FOR FINAL APPROVAL WHICH WOULD BE SUBJECT
TO A BOARD VOTE NOTED IN THE BOARD MINUTES.

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

THE CONFLICT OF INTEREST POLICY IS SIGNED BY EACH BOARD MEMBER ANNUALLY.

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

ALL DOCUMENTS ARE AVAILABLE UPON REQUEST WITHIN THE PRESCRIBED TIME FRAMES
AS REQUIRED.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

BABYLON BREAST CANCER COALITION, INC.
218 NORTH WELLWOOD AVENUE 2
LINDENHURST, NY 11757

PREPARED BY:

CERINI & ASSOCIATES, LLP
3340 VETERANS MEMORIAL HWY
BOHEMIA, NY 11716

AMOUNT OF TAX:

BALANCE DUE OF \$125

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT:
HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2023

SPECIAL INSTRUCTIONS:

| | | |
|---|--|---|
| <h1>CHAR500</h1> <p>NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p> | <u>Send with fee and attachments to:</u> NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005 | <h2>2022</h2> <p>Open to Public Inspection</p> |
| | | |

1. General Information

| | | |
|---|---|--|
| For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2022 and Ending (mm/dd/yyyy) 12/31/2022 | | |
| Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending | Name of Organization: BABYLON BREAST CANCER COALITION, INC. | Employer Identification Number (EIN): 11-3191035 |
| | Mailing Address: 218 NORTH WELLWOOD AVENUE, NO. 2 | NY Registration Number: 05-94-56 |
| | City / State / ZIP: LINDENHURST, NY 11757 | Telephone: 631 893-4110 |
| | Website: HTTP://WWW.BABYLONBREASTCANCER.ORG | Email: |
| Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* | | |
| Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com . | | |

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

| | | | |
|---------------------------------------|---------------------|-------------------------|------|
| President or Authorized Officer: | KAREN KUNKEL | | |
| | Signature | Print Name and Title | Date |
| | | NICHOLAS RADESCA | |
| Chief Financial Officer or Treasurer: | | TREASURER | |
| | Signature | Print Name and Title | Date |

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

| | | |
|--|---|---|
| See the following page for a checklist of schedules and attachments to complete your filing. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 4b. Did the organization receive government grants? If yes, complete Schedule 4b. |

5. Fee

| | | | | |
|---|---------------------------------|------------------------------------|------------------------------|--|
| See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here: | 7A filing fee: \$ <u>25.</u> | EPTL filing fee: \$ <u>100.</u> | Total fee: \$ <u>125.</u> | Make a single check or money order payable to: "Department of Law" |
|---|---------------------------------|------------------------------------|------------------------------|--|

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

BABYLON BREAST CANCER COALITION, INC.**CHAR500**

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2022

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| | |
|---|--|
| Name of Organization: BABYLON BREAST CANCER COALITION, INC. | NY Registration Number: 05-94-56 |
|---|--|

2. Government Grants

| Name of Government Agency | Amount of Grant |
|--|-----------------|
| 1. SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICES | 1. 5,000. |
| 2. OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF NEW YO | 2. 35,000. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |
| 6. | 6. |
| 7. | 7. |
| 8. | 8. |
| 9. | 9. |
| 10. | 10. |
| 11. | 11. |
| 12. | 12. |
| 13. | 13. |
| 14. | 14. |
| 15. | 15. |
| Total Government Grants: | Total: 40,000. |