

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print 2-1-1 NEW YORK, INC. 35-2381188 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 800 TROY-SCHENECTADY ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LATHAM, NY 12110 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) HUGH PARRY • The books are in the care of ▶ 800 TROY-SCHENECTADY ROAD - LATHAM, NY 12110 Telephone No. ► 518-608-6456 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 42-77-79 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning and	ending									
	heck if	C Name of organization		D Employer identific	cation number							
Г	Addres	2-1-1 NEW YORK, INC.										
	Name			35-23811	88							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone numbe	r							
	 □Final □return/	800 TROY-SCHENECTADY ROAD	518-608-									
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,126,548.								
	Amend	LATHAM, NY 12110		H(a) Is this a group re	eturn							
	Applic tion	a		for subordinates? Yes X No								
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No							
<u> </u>	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list. See instructions							
	Vebsit			H(c) Group exemptio								
		organization: X Corporation Trust Association Other	L Yea	r of formation: 2009 N	M State of legal domicile: NY							
Po	art I	Summary	וג כוגם	AD OTTED CEE MI	· · · · · · · · · · · · · · · · · · ·							
æ	1	Briefly describe the organization's mission or most significant activities: $\frac{\text{TO L}}{NEVEL ODMENT AND OPERATION OF A STATE WIDE$										
Governance	_	DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN theck this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
/err	3	•		1	10							
é	4	Number of independent voting members of the governing body (Part VI, line 1a)			9							
م س	1 -	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	0							
ij		Total number of volunteers (estimate if necessary)			9							
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.							
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.							
•				Prior Year	Current Year							
	8	Contributions and grants (Part VIII, line 1h)		1,435,069.	2,126,293.							
ğ	9	Program service revenue (Part VIII, line 2g)		151.	255.							
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.							
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,435,220.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,290,125.	1,892,146.							
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Ϋ́	_b	Total fundraising expenses (Part IX, column (D), line 25)	0.	1// //0	225 240							
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		144,449.	235,248. 2,127,394.							
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		646.	-846.							
×	19	Revenue less expenses. Subtract line 18 from line 12	В	Seginning of Current Year	End of Year							
ets o	20	Total assets (Part X, line 16)		928,628.	791,185.							
Assi	21	Total liabilities (Part X, line 26)		908,534.	771,937.							
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		20,094.	19,248.							
Pa	art II	Signature Block	•	-								
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and staten	nents, and to the best of my	/ knowledge and belief, it is							
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wl	nich prepare	er has any knowledge.								
Sigi		Signature of officer		Date								
Her	е	HUGH PARRY, PRESIDENT										
		Type or print name and title		Doto I	DTIN							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN							
Paid		RICHARD LEICHT RICHARD LEICHT		09/26/23 self-employ								
	arer	Firm's name BONADIO & CO., LLP	4.54									
use	Only	Firm's address 1/1 SULLY'S TRAIL PITTSFORD, NY 14534		Dhone / E	85) 381-1000							
Mar	, the IF	RS discuss this return with the preparer shown above? See instructions		Prilone no. (3	X Yes No							
ıvıa\	, u ie ir	10 GISCUSS THIS TETUTH WITH THE PIEPATEL SHOWIT ADDIVE! SEE HISTIUCTIONS			L41 155 L NO							

Pal	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WI	
	FREE, HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL SYSTEM	<u> </u>
	ACCESSIBLE THROUGH THE 2-1-1 DIALING CODE.	
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 ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 892, 146. including grants of \$1, 892, 146.) (Revenue \$	255.)
	TO OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE,	HEALTH
	AND HUMAN SERVICES INFORMATION AND REFERRAL SYSTEM, THROUGH THE	2-1-1
	DIALING CODE AS AUTHORIZED BY THE NYS PUBLIC SERVICE COMMISSION	•
4b	(Code:) (Expenses \$	
710	(Code:) (Expenses 4	
4c	(Onder) \((Summar) \)	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$,
	Other program and issa (Describe on Cabadula C)	
4d	Other program services (Describe on Schedule O.)	`
_	(Expenses \$ including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses 1,892,146.	Form 990 (2022)
		rom 330 (2022)

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domocio government orti artix, comunin (y), inte 1: II Tes. Complete Schedule I, Parts I and II	41	- 42	L

Form	990 (2022) 2-1-1 NEW YORK, INC. 35-238	<u> 1188</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			<u> </u>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
28				
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			~
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	1
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a		0		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

022) 2-1-1 NEW YORK, INC.

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

			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
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)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
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?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۵.					
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	7-		Х			
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?	7a		Α_			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
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?	8					
9	9 Sponsoring organizations maintaining donor advised funds.						
а	a Did the sponsoring organization make any taxable distributions under section 4966?						
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	-					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-					
11	Section 501(c)(12) organizations. Enter:						
a	Gross income from members or shareholders 11a	-					
D	Gross income from other sources. (Do not net amounts due or paid to other sources against						
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1					
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b							
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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2-1-1 NEW YORK, INC. 35-2381188 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 10 **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. 9 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 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? Х 7a 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **NY** 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 X Upon request X Another's website __ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records

Form **990** (2022)

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LATHAM,

HUGH PARRY - 518-608-6456 800 TROY-SCHENECTADY ROAD,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	Position t check more than one nless person is both an and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	week (list any hours for related organizations below line)	stee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations	
(1) HUGH PARRY EX-OFFICIO	7.00	Х		Х				0.	115,385.	9,441.	
(2) KELLY DODD	26.25	Λ		^		\vdash		0.	113,303.	9,441.	
200	8.75	1		Х				0.	58,935.	7,474.	
(3) ALAN HERTEL	2.00										
BOARD CHAIR	2.00	Х		Х				0.	0.	0.	
(4) JOHN GREINER, ESQ	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(5) MARY SULLIVAN	2.00										
TREASURER	2.00	Х		X				0.	0.	0.	
(6) CHRIS ASHMAN	2.00										
DIRECTOR		Х				_		0.	0.	0.	
(7) PATRICK COSTELLO	2.00	1							_		
DIRECTOR	2.00	Х				_		0.	0.	0.	
(8) PAT LEONE	2.00	ļ									
DIRECTOR		Х				<u> </u>		0.	0.	0.	
(9) KEVIN O'BRIEN	2.00								_		
DIRECTOR	1 2 00	Х				-		0.	0.	0.	
(10) EILEEN TIBERO	2.00	3,7							_		
DIRECTOR (11) CHRISTELLA YONTA	2.00	Х				-		0.	0.	0.	
OIRECTOR	2.00	Х						0.	0.	0.	
TRECTOR		Δ						0.	0.	0.	
						_					
		-									
	1	1	1	ı	ı	1	i	1	i e	1	

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(A) Name and title	(B) Average		not cl	Posi heck i	more	than o		(D) Reportable	(E) Reportable		(F Estima	ated
	hours per week (list any hours for related organizations below line)				irecto	Highest compensated signal- employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC 1099-NEC)		amoul oth compen from organiz and re organiz	er sation the cation lated
	iiiic)	Inc	lns	10	×	en Hi	오					
										_		
										_		
										-		
di Oderal								0.	17/ 32	1	16	015
1b Subtotal 0. 174,320. c Total from continuation sheets to Part VII, Section A 0. 0.										16,915.		
d Total (add lines 1b and 1c)								0.	174,320	0.	16,	915.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable			0
compensation from the organization											Ye	
3 Did the organization list any former officer	, director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	х
5 Did any person listed on line 1a receive or	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individual	dual for services			
rendered to the organization? If "Yes." con	nplete Schedul	e J fo	or su	ıch r	oers	on .					5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than 9	\$100,000 of compe	nsatio	n from	
the organization. Report compensation for	-	-							•			
(A) Name and business	address	NTC	\NTE	,				(B) Description of s	services	Cor	(C) mpensat	tion
Name and business	addicas	IAC	ONE	<u>. </u>			+	Description of	SCI VICCS		Прспоа	
							\dashv					
							\dashv					
2 Total number of independent contractors (•	ot lin	nited	to t		se lis)	ted	above) who received m	ore than			
\$100,000 of compensation from the organ	∠au∪i i									F	orm 99 () ₍₂₀₂₂₎

		••••	_	or note to any lin	o in this Part VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
'0 '0	4.	_	Fordered community de					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 7		Federated campaigns 1a					
Gra	'		Membership dues 1b					
ts, An	•		Fundraising events 1c					
Gif ilar	(Related organizations 1d	106 000				
ns, Sim	•		* ` / — —	<u>,126,293.</u>				
er S	1	f	All other contributions, gifts, grants, and					
ję t			similar amounts not included above 1f					
onti od (9	_	Noncash contributions included in lines 1a-1f 1g \$		0 106 000			
<u>a</u> <u>C</u>		h	Total. Add lines 1a-1f		2,126,293.			
				Business Code	^==			
Se	2 8	а	PROMPT CONTRACTING INT	900099	255.	255.		
e vi	- 1	b						
Senue	•	С						
am		d						
Program Service Revenue	•	е						
P	1	f	All other program service revenue					
		g	Total. Add lines 2a-2f		255.			
	3		Investment income (including dividends, inter	est, and				
			other similar amounts)					
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6 8	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7 8	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
	-	b	Less: cost or other basis					
ē			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
Rev			Net gain or (loss)					
er			Gross income from fundraising events (not					
d			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	a				
	ı	b	Less: direct expenses	b				
			Net income or (loss) from fundraising events					
			Gross income from gaming activities. See					
			Part IV, line 19	a				
		b	Less: direct expenses 9	b				
			Net income or (loss) from gaming activities_	•				
			Gross sales of inventory, less returns					
			and allowances 10)a				
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
		_		Business Code				
Snc	11 :	а		, ,				
Miscellaneous Revenue		b						
ella		c						
Sci	Ì		All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		2,126,548.	255.	0.	0.

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 (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,892,146. 1,892,146. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 212,367. 212,367. Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 21,000. 21,000. column (A), amount, list line 11g expenses on Sch O.) 1,316. 1,316. Advertising and promotion 12 565. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) All other expenses 2,127,394. 1,892,146. 235,248. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

12390926 784124 TWO005001

Pai	rt X	Balance Sneet				
		Check if Schedule O contains a response or r	ote to any line in this Part X	(A) Beginning of year		(B) End of year
	4	Cach non interest bearing		111,844.	1	37,957 .
	1 2	Cash - non-interest-bearing		111,044.	2	31,331.
		Savings and temporary cash investments		816,784.	3	753,228.
	3	Pledges and grants receivable, net		010,704.	4	755,220
	4	Accounts receivable, net Loans and other receivables from any current		4		
	5	trustee, key employee, creator or founder, sub	, ,			
		controlled entity or family member of any of the			5	
	6	Loans and other receivables from other disqu				
	"	under section 4958(f)(1)), and persons describ	• •		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ass	9	Duran aid a conserva a constata forma de la conserva			9	
		Land, buildings, and equipment: cost or other				
	104	basis. Complete Part VI of Schedule D				
	b				10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must ea		928,628.	16	791,185.
	17	Accounts payable and accrued expenses		812,846.	17	671,629.
	18	Grants payable		,	18	,
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complet			21	
"	22	Loans and other payables to any current or fo				
ţį		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of the			22	
Lia	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D		95,688.	25	100,308.
	26	Total liabilities. Add lines 17 through 25		908,534.	26	771,937.
		Organizations that follow FASB ASC 958, c	heck here X			
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		20,094.	27	19,248.
Bal	28	Net assets with donor restrictions			28	
nd		Organizations that do not follow FASB ASC	958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
S Of	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net	32	Total net assets or fund balances		20,094.	32	19,248.
_	33	Total liabilities and net assets/fund balances		928,628.	33	791,185.
						Form 990 (2022)

Pa	T 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	2,12	6,5	<u>48.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,12	7,3	<u>94.</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3		-8	46.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
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))								
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis X Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2022)				

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

2-1-1 NEW YORK, INC.

Employer identification number

35-2381188

Pa	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.												
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)							
1	Ŭ.	A church, convention of ch	•		•	•)(A)(i).						
2	一	A school described in sect i	•			(- //	X X-7-						
3	Ħ	A hospital or a cooperative		•		/h//1//A//ii	il						
4	H	A medical research organization						the hospital's name					
7		city, and state:	ation operated in cor	ijanotion with a noopital	accombca	III SCCIIO	11 17 0(b)(1)(A)(iii). Enter	the hospital s hame,					
_		An organization operated for	or the benefit of a col	logo or university ewned	or operate	od by a go	vornmental unit describ	od in					
5	ш			lege of university owned	or operati	ed by a go	verninental unit describ	eu III					
•		section 170(b)(1)(A)(iv). (Complete Part II.) A federal state or local government or governmental unit described in section 170(b)(1)(A)(v)											
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7													
_		section 170(b)(1)(A)(vi). (C		(4)(A)(-1) (Olate David									
8	H	A community trust describe			•								
9	Ш	An agricultural research org				-	-	-					
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of the college	e or					
		university:											
10		An organization that norma											
		activities related to its exem		•	` '		• •	•					
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acquii	red by the organization a	after June 30, 1975.					
		See section 509(a)(2). (Cor	•										
11	Н	An organization organized a	•	•	•			_					
12	Ш	An organization organized a	•	· · ·	-		•						
		more publicly supported or	-					Check the box on					
		lines 12a through 12d that	* *										
а			anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the s	upporting					
	_	organization. You must o	- ·										
b		■ Type II. A supporting org.	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ving					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the sup	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
С			grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.						
d			integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organi	zation(s)					
		that is not functionally int	egrated. The organiz	ation generally must sat	sfy a distr	ibution rec	uirement and an attenti	veness					
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .						
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III						
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.							
f		er the number of supported o											
g		ride the following information			(iv) Is the orga	unization lieted		T (D A) ()					
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
								ļ					

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 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.")	1259328.	1274678.	1265736.	1435069.	2126293.	7361104.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1259328.	1274678.	1265736.	1435069.	2126293.	7361104.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						7361104.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1259328.	1274678.	1265736.	1435069.	2126293.	7361104.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11							7361104.
	Gross receipts from related activities,	etc. (see instruction	ins)			12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	100.00 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the	organization did no	t check a box on l				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances test	_			-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	<u> </u>		,	. , : :			(Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar 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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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3b		
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9b		
9c		
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10a		
10b		

Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either atone or together with persons described on lines 11b and 11b below, the governing body of a supported organization? A family member of a person described on line 11a above? A Sife controlled writly of a person described on line 11a bove? A Sife controlled writly of a person described on line 11a bove? A Sife controlled writly of a person described on line 11a bove? A Sife controlled writly of a person described on line 11a or 11b above? A Sife controlled writly of a person described on line 11a or 11b above? A Sife controlled writly of a person described on line 11a or 11b above? A Sife controlled writly of a person described on line 11a or 11b above? A Sife controlled writly of a person described on line 11a or 11b above? A Sife controlled writly of a person described on line 11a or 11b above? I 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 difference of the supported organization have the organization's directly organization have the organization's above the supported organization have the organization or person to the supported organization where then the supported organization's person organization or person to the benefit of any supported organization's person the supported organization's person organization's person organization's directly and the supported organization's person organization's person organization's unsupported organization's person organization's unsupported organization's person organization's unsupported organization's provided organization's person or		dule A (Form 990) 2022 2-1-1 NEW YORK, INC.	5-238118	8 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or inclinet's controls, either ainon 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 39% controlled entity of a person described on line 11a above? 11 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 organizations officers, directors, or trustees at all times during the tax year? "thy," describe in PAT VI Now the supported organization officers, directors, or trustees are all times during the tax year? "thy," describe in PAT VI Now the supported organization officers, directors, or trustees were all controlled the organization of sections and what controlled the organization of sections are under the powers to appoint and/or memore offices, directors, or trustees were all classed among the supported organization of the tent me supported organization of sections are directly or the organization of the tent me supported organization of the organization of the tent me supported organization of the organization of the tent me supported organization of the organizations. 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization of directors or trustees of each of the organization of governing double organizations. 1 Were a majority of the organization of directors or trustees when the organization of governing double organization organizations. 1 Did the organization provide to each of its supported organization organization is powering double organization. 1 Did the	Par	t IV Supporting Organizations (continued)		Voc	No
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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? **Rection C. Type II Supporting Organizations** 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? **Rection D. All Type II Supporting Organizations** 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of 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 copy of the Form 990 that was most recently filed as of the date of notification, and (ii) 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 so officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization) if "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization's have a significant voice in the organization's investment policies and in directing the use of the organization's assupported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI there let the organization's assupported organization is an expensive the progenization is supported organization sate of the organization's assupported organization is the parent of each of its supported organizations. Complete line 3 below. 2 Activities Test. Answer lines 2 and 2b below. 3 Did substantially all of the organization's subported organizations. Complete line 3 below. 4 Did substantially all of the organization was responsive? If "Yes," then in Part VI identify those supported organization was responsive to those support		organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	he		
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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. 3 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 3 Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		· · · · · · · · · · · · · · · · · · ·			
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the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2	· · · · · · · · · · · · · · · · · · ·	`	1 1	No
those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
that these activities constituted substantially all of its activities. b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		those supported organizations and explain how these activities directly furthered their exempt purposes,			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		how the organization was responsive to those supported organizations, and how the organization determined			
one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		that these activities constituted substantially all of its activities.	2a		
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	b				
these activities but for the organization's involvement.					
O Paranta f O manata d O manifesti man Amanana i in an O 10111	_	· · · · · · · · · · · · · · · · · · ·	2b		
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	а		0-		
trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. 3a b. Did the organization everying a substantial degree of direction ever the policies, programs, and activities of each	h	,	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	D		3h		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

instructions).

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

emergency temporary reduction (see instructions)

6

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 (reason-			
able 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: \$			
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 greate	er		
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 A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Employer identification number

2-1-1 NEW YORK, INC. 35-2381188 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

2-1-1 NEW YORK, INC.

35-2381188

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

2-1-1 NEW YORK, INC.

35-2381188

	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** 2-1-1 NEW YORK, INC. 35-2381188 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22 Schedule B (Form 990) (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 Inspection

Name of the organization

2-1-1 NEW YORK, INC.

Employer identification number 35-2381188

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or	Accoun	ts. Complete if the
	Signification anomored 195 on 10111 coo, 1 aren, into	(a) Donor advis	ed funds	(b) Fund	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets h	eld in donor advised	funds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	ny other purpose cor	nferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	es" on Form 990, Par	t IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a l	nistorically i	mportant land area
	Protection of natural habitat		Preservation of a	certified his	toric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	oution in the form of a	a conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b					
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				luring the tax
	year				
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period	odic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserv	ation easer	nents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and e	nforcing conservation	n easements	during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requiremer	ts of section 170(h)(4	1)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its reve	nue and expense sta	tement and	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization'	s financial statements	s that descr	ibes the
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Tre	easures, or Othe	r Similar	Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and	balance sh	eet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	n, or research in furth	erance of p	ublic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that de	scribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	ance sheet v	works of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	or research in furthera	ance of pub	lic service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$	i
	(m)				
2	If the organization received or held works of art, historical treat	sures, or other similar	assets for financial ga	ain, provide	
	the following amounts required to be reported under FASB AS	SC 958 relating to these	e items:		
а	Revenue included on Form 990, Part VIII, line 1			\$	i
	Assets included in Form 990, Part X)
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.			Schedule D (Form 990) 2022

232051 09-01-22

Sche	dule D (Form 990) 2022 2-1-1 N	EW YORK, I	NC.					35-23	81188	} P:	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or Ot	her S	imila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the f	ollowing that mak	e signi	ificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	C	d 💹 L	oan or exc	hange program						
b	Scholarly research	•	e C	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organization's e	xempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical treas	sures, or other sim	ilar as	sets		_	_	_
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		lete if the o	organizatio	n answered "Yes"	on Fo	rm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		-						7.,	_	٦
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:					Amount		
	Destructive halones						<u> </u>		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year						1e				
f	Ending balance						1f		Yes	$\overline{}$	No
	If "Yes," explain the arrangement in Part XIII.					-					_ NO □
Par											
	- Complete	(a) Current year		ior year	(c) Two years bac		Three \	ears back	(e) Four	vears	back
1a	Beginning of year balance		, ,		, , ,	<u> </u>					
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administered fo	r the			_		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	\longrightarrow	
	(ii) Related organizations								3a(ii)	\longrightarrow	
b	If "Yes" on line 3a(ii), are the related organization								3b		
Do:	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	nds.							
Pai			0 Dort IV	lino 11a C	oo Form 000 Don	⊦V lin∉	o 10				
	Complete if the organization answere	1							(4) D - 1	!:	
	Description of property	(a) Cost or o		. ,	or other (other)	•	umulate ciation	ea	(d) Book	value	е
4-	Land	,	menu)	บสอเอ	(Otrier)	aepre	ciation				
	Land										
	Buildings										
	Leasehold improvements										
a	Equipment				+						

Schedule D (Form 990) 2022

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

0.

Schedule D (Form 990) 2022 2-1-1 NEW YC	ORK, INC.	35	-2381188 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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	l-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Port IV line 1	1a Saa Farm 000 Dart V lina 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	L		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			100
(2) DUE TO AFFILIATE			100,308.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

Schedule D (Form 990) 2022

100,308.

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

Schedule D (Form 990) 2022

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	YORK, IN	C					Employer identification number 35-2381188
Part I General Information on Grants a	•	<u>. </u>					33 2301100
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro-	to substantiate the				-		
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organia	zations and Domesti	c Governments. C	omplete if the orga	anization answered "\	es" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GOODWILL OF THE FINGER LAKES 422 SOUTH CLINTON AVENUE ROCHESTER, NY 14620	27-4212702	501(C)3	473,498.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
UNITED WAY OF THE WESTCHESTER AND PUTNAM - 336 CENTRAL PARK AVENUE - WHITE PLAINS, NY 10606	13-1997636	501(C)3	547,192.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
UNITED WAY OF CENTRAL NEW YORK 518 JAMES STREET, PO BOX 2129 SYRACUSE, NY 13220	15-0532073	501(C)3	168,813.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
UNITED WAY OF BUFFALO AND ERIE COUNTY - 742 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743969	501(C)3	285,703.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
UNITED WAY MOHAWK VALLEY 201 LAFAYETTE STREET, SUITE 201 UTICA, NY 13502	15-0532074	501(C)3	135,970.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
UNITED WAY OF THE GREATER CAPITAL REGION - ONE UNITED WAY - ALBANY, NY 12212	14-1364505		101,748.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
2 Enter total number of section 501(c)(3) a3 Enter total number of other organizations	•						

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF BROOME COUNTY 101 SOUTH JENSEN ROAD VESTAL, NY 13850	15-0564074	501(C)3	136,962.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES			
UNITED WAY OF THE ADIRONDACK REGION, INC - 45 TOM MILLER ROAD - PLATTSBURGH, NY 12901	14-1368185	501(C)3	25,349.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES			
							<u> </u>			

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
t IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
RT II, LINE 1, COLUMN (H):					
ME OF ORGANIZATION OR GOVERNMENT:	GOODWIL	L OF THE I	FINGER LAKE	S	
) PURPOSE OF GRANT OR ASSISTANCE:	TO LEAD	AND OVERS	SEE THE DEV	ELOPMENT	
D OPERATION OF A STATE-WIDE, FREE	, HEALTH	AND HUMAN	N SERVICES		
FORMATION AND REFERRAL SYSTEM, AC				IALING	
DE.					
ME OF ORGANIZATION OR GOVERNMENT:					
or originalization on covalidation.					

Part IV | Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT

AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING

CODE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF CENTRAL NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT

AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING

CODE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF BUFFALO AND ERIE COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT

AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING

CODE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF LONG ISLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT

AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING

CODE.

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY MOHAWK VALLEY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT

AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING

CODE.

Schedule I (Form 990)

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT:
UNITED WAY OF THE GREATER CAPITAL REGION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT
AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING
CODE.
NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF BROOME COUNTY
(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT
AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING
CODE.
NAME OF ORGANIZATION OR GOVERNMENT:
UNITED WAY OF THE ADIRONDACK REGION, INC
(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD AND OVERSEE THE DEVELOPMENT
AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES
INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1 DIALING
CODE.

Schedule I (Form 990)

SCHEDULE O (Form 990)

Department of the Treasury

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.

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

2-1-1 NEW YORK, INC.

Employer identification number 35-2381188

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

SERVICES INFORMATION AND REFERRAL SYSTEM, ACCESSIBLE THROUGH THE 2-1-1

DIALING CODE.

FORM 990, PART VI, SECTION A, LINE 6:

THE CORPORATION WAS FORMED AS A MEMBERSHIP CORPORATION. THE SOLE MEMBER IS UNITED WAY OF NEW YORK STATE, A 501(C)(3) ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

AS THE SOLE MEMBER OF THE ENTITY, UNITED WAY OF NEW YORK STATE, A 501(C)(3)

ORGANIZATION, IS ENTITLED TO SELECT 1/3 OF THE DIRECTORS.

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

THE ORGANIZATION ELECTRONICALLY DELIVERED THE FORM 990 TO THE BOARD OF DIRECTORS AND 990 WAS REVIEWED AND APPROVED BY THE BOARD IN THEIR MEETING.

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

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

ANNUAL SIGNED COMMITMENT STATEMENT FROM BOARD MEMBERS, STAFF AND

CONSULTANTS, AND FULL TRANSPARENCY IN ALL FINANCIAL TRANSACTIONS AND

CONTRACTS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

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

WEBSITE AND UPON REQUEST.

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
2-1-1 NEW YORK, INC.	35-2381188
HODW 000 DADE VI LINE 20	
FORM 990, PART XI, LINE 2C	
THE AUDIT COMMITTEE ASSUMED RESPONSIBILITY FOR THE AUDIT	AND SELECTION
OF THE AUDITOR. THE AUDITOR IS SELECTED THROUGH A COMPETI	TTVE PROPOSAL
	1111 11101 001111
PROCESS.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

2-1-1 NEW YORK, INC.

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

35-2381188

Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes'	on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	domicile (state or Total incon		r assets	(f) ssets Direct controllin entity)
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related	tax-exem	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct contro	olling	Section 5 contr enti	olled
				501(c)(3))			Yes	No
UNITED WAY OF NEW YORK STATE - 14-1705108 800 TROY SCHENECTADY ROAD, 2ND FLOOR LATHAM, NY 12110	IMPROVE LIVES OF ALL NEW YORKERS THROUGH LOCAL UNITED WAYS	NEW YORK	501(C)3	LINE 7	N/A			Х

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

		,	I	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)		Yes		No	K-1 (Form 1065)	Yes N	0
	1										
	1										
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

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

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

1a

X

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

b Gift, grant, or capital contribution to related organization(s)				1k		X
c Gift, grant, or capital contribution from related organization(s)				10		X
d Loans or loan guarantees to or for related organization(s)				10		X
e Loans or loan guarantees by related organization(s)				16		X
f Dividends from related organization(s)				<u>1</u> 1		X
g Sale of assets to related organization(s)				19	Ц_	X
h Purchase of assets from related organization(s)				11·		X
i Exchange of assets with related organization(s)				<u>1</u> i	Ц_	X
j Lease of facilities, equipment, or other assets to related organization(s)				1	\bot	X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related of						X
m Performance of services or membership or fundraising solicitations by related o	organization(s)			1n	1	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organi	ization(s)			1r		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1 <u>r</u>	<u> </u>	
q Reimbursement paid by related organization(s) for expenses				10	Ц_	X
						X
s Other transfer of cash or property from related organization(s)				19	Ш_	X
2 If the answer to any of the above is "Yes," see the instructions for information of	on who must complete th	is line, including covered relati	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amou	unt involved	ļ 	
(1)						
(2)						
(0)						
(3)						
(4)						
()						
(5)						
(6)						
232163 09-14-22	20		Scho	edule R (Fo	rm 99	0) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2022

2-1-1 New York, Inc. 800 Troy-Schenectady Road Latham, NY 12110	
Ву:	
Bonadio & Co., LLP 171 Sully's Trail Pittsford, NY 14534	
ue or Refund:	
Not applicable	
ck Payable To:	
Not applicable	
Return and Check (if applicable) To:	
Not applicable	
	800 Troy-Schenectady Road Latham, NY 12110 By: Bonadio & Co., LLP 171 Sully's Trail Pittsford, NY 14534 Due or Refund: Not applicable ck Payable To: Not applicable Return and Check (if applicable) To:

Special Instructions:

Not applicable

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Bonadio & Co., LLP Certified Public Accountants

September 26, 2023

2-1-1 New York, Inc. 800 Troy-Schenectady Road Latham, NY 12110 Attention: Hugh Parry

Dear Hugh:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

The IRS requires that returns be made available to the public for the previous three years. For your convenience, we have enclosed a "Public Disclosure Copy" of your Exempt Organization return. This is the copy which should be provided to those who may request this information. All confidential contributor information has been removed from this copy.

Pursuant to federal guidelines, your return is required to be filed electronically. Please refer to the attached filing instructions to see the procedures required for electronic filing.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,