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.

Open to 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.

ΑГ	OI LITE	and	enung				
В с	heck if oplicable	C Name of organization		D Employer identifie	cation number		
	Addres	2-1-1 NEW YORK, INC.					
	Name chang	Doing business as		35-23811	88		
	Initial return Final	800 TROV-SCHENECTARY ROAD	Room/suite	E Telephone number 518-608-6462			
	/return termin	_		G Gross receipts \$	2,397,722.		
	ated ∏Ameno	City or town, state or province, country, and ZIP or foreign postal code LATHAM, NY 12110					
	⊒return ∏Applic			H(a) Is this a group re			
	⊥tion pendir	F Name and address of principal officer. DARCHIE WILLIE		for subordinates	=		
			🗀 507	H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) of te: N/A	or 527	7	list. See instructions		
	<u>Vebsit</u>		1	H(c) Group exemptio			
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2009 N	M State of legal domicile: NY		
	1	Briefly describe the organization's mission or most significant activities: ${f TO}$ L1	EAD AN	D OVERSEE TH	HE		
ဥ		DEVELOPMENT AND OPERATION OF A STATE-WIDE					
nar		Check this box if the organization discontinued its operations or dispos	-	-			
ķ	3			3	8		
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			7		
Activities & Governance		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0		
Ė		Total number of volunteers (estimate if necessary)			6		
싉				7a	0.		
∣≯		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,126,293.	2,397,619.		
		Program service revenue (Part VIII, line 2g)		0.	0.		
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		255.	103.		
		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)		2,126,548.	2,397,722.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,892,146.	2,090,859.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	0.	- 0.1			
Δ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		235,248.	293,729.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,127,394.	2,384,588.		
		Revenue less expenses. Subtract line 18 from line 12		-846.	13,134.		
F S		Total as 1000 of policion cardinast mile to more mile to		ginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		791,185.	1,434,200.		
Ass	21	Total liabilities (Part X, line 26)		771,937.	1,401,818.		
三	22	Net assets or fund balances. Subtract line 21 from line 20		19,248.	32,382.		
Pa	rt II	Signature Block		•	•		
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, 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 wh	nich preparer	has any knowledge.			
Sigr	1	Signature of officer		Date			
Here		DARLEY WILLIS, CHAIR OF THE BOARD					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid		RICHARD LEICHT RICHARD LEICHT	1	0/11/24 self-employ	P01378913		
	arer	Firm's name BONADIO & CO., LLP	•		6-1131146		
-	Only	Firm's address 171 SULLY'S TRAIL					
	-	PITTSFORD, NY 14534		Phone no. (5	85) 381-1000		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Fai	Otatement of Frogram Service Accomplianments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	mn wron
	TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STA	
	FREE, HEALTH AND HUMAN SERVICES INFORMATION AND REFERRAL S	YSTEM,
	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 mea	sured by expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	
		ie total expenses, and
_	revenue, if any, for each program service reported. (Code:) (Expenses \$2, 108, 359. including grants of \$2, 090, 859.) (Revenue \$	
4a	(Code:) (Expenses \$2, 108, 359. including grants of \$2, 090, 859.) (Revenue \$	EDEE HEALMH
	TO OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE,	
	AND HUMAN SERVICES INFORMATION AND REFERRAL SYSTEM, THROUGH	
	DIALING CODE AS AUTHORIZED BY THE NYS PUBLIC SERVICE COMMI	SSION.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
1.0	/ Code / (Expenses w) (Newtride w)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other and the control of the control	
4d		,
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 2,108,359.	- 000
		Form 990 (2023)

			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	X	
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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 I	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

	t IV Checklist of Required Schedules (continued)		V-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		3,7
	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			l
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		X
h	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		1
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		X
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			_ v
	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	l		1,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	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			
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	L
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance	_	_	
	Check if Schedule O contains a response or note to any line in this Part V			
	. , , , , , , , , , , , , , , , , , , ,		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
ט	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	10		

Form **990** (2023)

Pai		1100	<u></u>	age •
Fai	Statements negarding other ins rinings and rax compliance (continued)		Τ.,	Τ
_			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		ــــــ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
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		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.0		
, 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		х
	reme and the contract of the c	7b		
b		10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
	to file Form 8282?	7c		
d	,	١.,		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		-
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	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		—
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a		14a		Х
		14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		\vdash
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		X
	excess parachute payment(s) during the year?	15		<u> </u>
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
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	1	1

332005 12-21-23

Form **990** (2023)

If "Yes," complete Form 6069.

2-1-1 NEW YORK, INC. 35-2381188 Form 990 (2023) 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 8 **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. 7 **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 X 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. X Upon request X Another's website ___ Other (explain on Schedule O) Own website 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** (2023)

DARLEY WILLIS - 518-608-6462

800 TROY-SCHENECTADY ROAD, LATHAM, NY

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)	(B)	J	iiiLu		C)	прог	iouti	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person			is both	n an	compensation	compensation from related organizations	amount of
	week (list any				10010	1 1		from the		other compensation
	hours for	direct				р Б		organization	(W-2/1099-MISC/	from the
	related	stee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal tr		ployee	comp		1099-NEC)		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HUGH PARRY	7.00		_			"				
EX-OFFICIO	28.00	Х		Х				0.	124,615.	9,533.
(2) KELLY DODD	26.25									
C00	8.75			Х				0.	2,962.	227.
(3) ALAN HERTEL	2.00									
BOARD CHAIR	2.00	Х		X				0.	0.	0.
(4) JOHN GREINER, ESQ	2.00									
SECRETARY		Х		X				0.	0.	0.
(5) MARY SULLIVAN	2.00									
TREASURER	2.00	Х		Х				0.	0.	0.
(6) PATRICK COSTELLO	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) KEVIN O'BRIEN	2.00									
PRESIDENT		Х		X				0.	0.	0.
(8) EILEEN TIBERO	2.00									
DIRECTOR		Х						0.	0.	0.
(9) CHRISTELLA YONTA	2.00									
DIRECTOR		Х						0.	0.	0.
						\vdash	-			
		<u> </u>								

Form 990 (2023)

Form 990 (2023) 2-1-1 NEV	V YORK,	IN	C.						35-238	31188 Page	9 8
Part VII Section A. Officers, Directors, Trus		oloye	es,			ghes	t C		,		
(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not ch unles cer an	ss per	nore frector	than c s both r/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC	(F) Estimated amount of other compensation from the	n
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related organizations	
											_
											_
											—
											_
											_
											—
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0. 0. 0.	127,577 (127,577	0. 0).
Total number of individuals (including but n compensation from the organization	ot limited to th										0
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	•	-	•	•	•		_		•	Yes N	lo X
 4 For any individual listed on line 1a, is the suand related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	ım of reportabl),000? <i>If</i> "Yes,	e co " <i>coi</i>	mpe mple	ensat ete S	tion Sche	and dule	oth J f	ner compensation from the such individual	ne organization	4 X	<u>K</u>
rendered to the organization? If "Yes," com										5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	leper	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of compe	nsation from	_
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg wi	ith o	r wit	thin T	the organization's tax y	ear.	(C)	
(A) Name and business	address	NC	NE	<u> </u>				Description of s	ervices	Compensation	
											—
							_				
2 Total number of independent contractors (in \$100,000 of compensation from the organization).	•	ot lim	nited	l to t	thos		ted	above) who received mo	ore than		
										Form 990 (202	201

	1 L V	•••		or note to any lin	o in this Dart VIII			
			Check if Schedule O contains a response	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	_	_	Fordered community de					300010113 0 12 0 14
ants	1		Federated campaigns 1a					
Gra			Membership dues 1b					
ts, An			Fundraising events 1c					
Gif ilar			Related organizations 1d	207 110				
ns, Sim				<u>,397,119.</u>				
er S		f	All other contributions, gifts, grants, and	F00				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f	500.				
ontr		_	Noncash contributions included in lines 1a-1f 1g \$		207 612			
<u>2</u> <u>p</u>		h	Total. Add lines 1a-1f		2,397,619.			
				Business Code				
e C	2	а						
e vi		b						
Se		С						
am		d						
Program Service Revenue		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)		103.			103.
	4		Income from investment of tax-exempt bond	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
<u>o</u>		_	and sales expenses 7b					
Revenue		c	Gain or (loss) 7c					
ev.		d	Net gain or (loss)	- I				
er F			Gross income from fundraising events (not	T				
Oth	•	u	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8					
			Net income or (loss) from fundraising events	- 1				
			Gross income from gaming activities. See					
	9	u	Part IV, line 19					
		h	Less: direct expenses 91					
			Net income or (loss) from gaming activities	<u> </u>				
			Gross sales of inventory, less returns					
	10	а	•					
		.	and allowances					
			• • • • • • • • • • • • • • • • • • • •	nl				
		Ü	Net income or (loss) from sales of inventory	Business Code				
ns	44	_		Dualiesa Code				
leo ue	11							
Miscellaneous Revenue		b						
sce Re		۳ C	All other revenue					
Ž			All other revenue					
		e	Total Add lines 11a-11d		2,397,722.	0.	0.	103.
	12		Total revenue. See instructions		<u>, , , , , , , , , , , , , , , , , , , </u>			1 TOD.

Secti	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons		Haila Bank IV		
Da.	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	2,090,859.	2,090,859.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	267,442.		267,442.	
b	Legal				
С	Accounting				
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A), amount, list line 11g expenses on Sch O.)	25,600.	17,500.	8,100.	
12	Advertising and promotion	·	,		
13	Office expenses	687.		687.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d					
	All other expenses	2 20/ 500	2 100 250	276 220	
25	Total functional expenses. Add lines 1 through 24e	2,384,588.	2,108,359.	276,229.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 37,957. 26,488. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 753,228. 1,407,712. 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 791,185. 1,434,200. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 671,629. 706,877. Accounts payable and accrued expenses _____ 17 17 18 18 Grants payable 597,000. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 100,308. 25 97,941. of Schedule D 771,937. 1,401,818. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 19,248. 32,382. 27 Net assets without donor restrictions 27 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 19,248. 32,382. Total net assets or fund balances 32 32 791,185. 1,434,200. 33 33 Total liabilities and net assets/fund balances

Par	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	<u>2,39</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,38	<u>4,5</u>	88.	
3	Revenue less expenses. Subtract line 2 from line 1	3	13,13			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	9,2	48.	
5	Net unrealized gains (losses) on investments	//				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	3	2,3	82.	
Pai	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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis 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	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?		3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2023)	

332012 12-21-23

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

Employer identification number Name of the organization 2-1-1 NEW YORK, INC. 35-2381188 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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.)

Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14	Sec	ction A. Public Support						
I Giffe, grants, confebutions, and membership fees received. (Do not include any "unusual grants.") 1 Tax revenues levied for the organization include any "unusual grants.") 1 Tax revenues levied for the organization include any "unusual grants.") 1 Tax varies levied for the organization includes any state of the programment 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 1 Tax period of tetal 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. Schedules 10 to the selection B. Total Support Calendar year (or flead year heginning in) 7 Amounts from line 4 8 Gross income from interest, dividending, payments necessive on securities loans, rents, royalties, and income from similar sources and income from include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First Syears. If the Form 900 is for the organization in first, gloved the support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Public support percentage from 2022 Schedule A, Part II, line 14 1 Sa 31/3% support percentage from 2022 Schedule A, Part II, line 14 1 Sa 31/3% support percentage from 2022 Schedule A, Part II, line 14 1 Sa 31/3% suppor	Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's through 3. The post of total contributions The portion of total contributions 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) Public support, some two shown to line 11, column for a publicly supported organization in included on line 1 that exceeds 2% of the amount shown on line 11, column for a publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column for a publicly supported organization or line 4. Public support, some two shown to a support organization or line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1435069. 2126293. 2397619. 8499395. Section B. Total Support Amounts from line 4. 1274678. 1265736. 1	1	Gifts, grants, contributions, and						
2 Tax revenues levised for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 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, Sievest line 3 from line 4 Clearedary says of fissal year beginning in 1, column (f) 7 Amounts from line 4 Clearedary says of fissal year beginning in 1, and increases a securities loans, rosts, royalties, and income from unrelated business activities, whether or not the 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 assess (Explain in Part VII) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years, if the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 16 Sa 31 1/39 support test - 2022. If the organization of did not check to box on line 13 and line 14 is 33 1/39 or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization did not check a box on line 13, file, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the facts and circumstances test. The organization of line of the box and stop here. Explain in Part I VI how the organization meets the facts and		membership fees received. (Do not						
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. 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, Subtest the \$400 line 14, 1265736. 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources. 9. Net income from interest, dividends, payments received on securities loans, rents, royalities, and income from similar sources 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. Total support percentage for 2022 (Schedule A, Part II, line 14. Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)). 12. Gross receipts from related activities, act. (see instructions). 13. First 5 years, if the Form 990 is for the organization's first, second, thirid, fourth, or fifth tax year as a section 501 (c)(S) organization, check this box and stop here. Section C. Computation of Public Support Percentage. Section C. Computation of Public Support Percentage. Section C. Computation of Public Support Percentage. 12. In 10.0.00 % 15. 10.0.0		include any "unusual grants.")	1274678.	1265736.	1435069.	2126293.	2397619.	8499395.
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meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			~		*			
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	n Part VI how the	
		•		-				
Schedule A (Form 990) 2023	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		

332022 12-21-23

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23

Schedule A (Form 990) 2023

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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332024 12-21-23

Schedule A (Form 990) 2023

Pai	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
		r		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, ((ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo	orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	'	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	0-		
		nese activities constituted substantially all of its activities.	2a		
b		re activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in	ΛL		
•		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
L		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. e organization exercise a substantial degree of direction over the policies, programs, and activities of each	od		
D		supported organizations? If "Voc " describe in Part VI the role placed by the experimetion in this record	3h		

332025 12-21-23 Schedule A (Form 990) 2023

Sche	dule A (Form 990) 2023 Z-I-I NEW YORK, INC.			33-2381188 Page 6
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	•
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2023

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

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2023

line 7:

and 4c. 8 Breakdown of line 7: a Excess from 2019 **b** Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

a Applied to underdistributions of prior years **b** Applied to 2023 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

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).

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

Schedule B (Form 990) (2023)

Name of organization

2-1-1 NEW YORK, INC.

35-2381188

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$.	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) (2023) Page 3

Name of organization

Employer identification number

2-1-1 NEW YORK, INC.

35-2381188

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
		\$	
(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) (2023) 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

2-1-1 NEW YORK, INC.

Employer identification number 35-2381188

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	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 v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or Ot	ther S	imilaı	Assets	(conti	nued)	
3	Using	the organization's acquisition, accession	on, and other record	s, check	any of the f	following that mal	ke signi	ficant ι	use of its	-	-	
	collec	tion items (check all that apply).										
а		Public exhibition	d	ι 🔲 ι	Loan or exc	hange program						
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provid	le a description of the organization's co	llections and explair	n how the	ey further th	ne organization's	exempt	purpos	se in Part	XIII.		
5	During	g the year, did the organization solicit o	r receive donations o	of art, his	storical treas	sures, or other sin	nilar as	sets				
	to be	sold to raise funds rather than to be ma								Yes		No
Par	t IV	Escrow and Custodial Arrang	gements Comple	te if the o	organizatior	n answered "Yes"	on For	m 990,	Part IV, li	ne 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	diary for o	contribution	s or other assets	not inc	luded		_		_
	on Fo	rm 990, Part X?								Yes		No
b	If "Yes	s," explain the arrangement in Part XIII	and complete the fol	lowing ta	able:							
										Amoun	t	
С	Begini	ning balance						1c				
d	Additi	ons during the year						1d				
е	Distrib	outions during the year						1e				
f	Ending	g balance						1f				
2a	Did th	e organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	ustodial account l	iability?		L	Yes		_ No
		," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds Complete if										
			(a) Current year	(b) P	rior year	(c) Two years ba	ck (d)	Three y	ears back	(e) Fou	r years	back
1a		ning of year balance										
b	Contri	butions										
С	Net in	vestment earnings, gains, and losses										
d	Grants	s or scholarships										
е	Other	expenditures for facilities										
	and p	rograms										
f	Admir	nistrative expenses										
g		f year balance										
2	Provid	le the estimated percentage of the curr	ent year end balance	e (line 1g	i, column (a))) held as:						
а	Board	designated or quasi-endowment		_%								
b	Perma	anent endowment	%									
С			%									
	The pe	ercentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are th	ere endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administered for	or the					T
	-	ization by:								_	Yes	No
		nrelated organizations?								3a(i)		
										3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		<u> </u>
4 Do:		be in Part XIII the intended uses of the		wment fu	unds.							
Par	ιVI	Land, Buildings, and Equipm) David IV		F 000 D	V 1:	- 10				
		Complete if the organization answered		i					.			
		Description of property	(a) Cost or o basis (investr		٠,	or other (other)	c) Accı depre	imulate ciation	ed	(d) Boo	k valu	.е
1a	Land											
		ngs										
С	Lease	hold improvements										
d	Equip	ment										
Total	. Add li	ines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	X. line 10	Oc. column	(B))						0.

Schedule D (Form 990) 2023

chedule D (Form 990) 2023 2-1-1 NEW YC	KK, INC.	35	-2381188 _{Pa}
Part VII Investments - Other Securities Complete if the organization answered "Yes" o	n Form 900 Part IV line	11h Soo Form 000 Part V line 12	
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
Florest declaration	(b) Book value	(b) Wellion of Valuation. Cost of one	or your market value
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
• •			
(9)			
al. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) art IX Other Assets			
	n Form 000 Dort IV line	11d Con Form 000 Dort V line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(b) Deelesselse
(a) L	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
art X Other Liabilities	(D))		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	51111 555, 1 411 17, 11116	- 1.0 c. 111. σσσ τ στιπ σσσ, τ αιτ λ, πιθ 2σ.	(b) Book value
(a) Description of liability			(b) Dook value
(4) E 1:			
			07.0
(2) DUE TO AFFILIATE			97,9
			97,9

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

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

Schedule D (Form 990) 2023

97,941.

(6) (7) (8)

Schedule D (Form 990) 2023

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.

2023

Open to Public Inspection

Name of the organization $2-1-1$ NEW YORK, INC.					Employer identification number 35-2381188
Part I General Information on Grants and Assistance					
Does the organization maintain records to substantiate the amount or criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the unit or the procedure of the proce	use of grant funds in the United	l States.			Yes X No
Part II Grants and Other Assistance to Domestic Organizations and recipient that received more than \$5,000. Part II can be duplicated by the control of the			anization answered "Ye	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization (b) EIN (c) IRO	C section (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	475 004				TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE,
ROCHESTER, NY 14620 27-4212702 501(C)3	475,034.	0.			HEALTH AND HUMAN SERVICES TO LEAD AND OVERSEE THE
UNITED WAY OF THE WESTCHESTER AND PUTNAM - 336 CENTRAL PARK AVENUE -					DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE,
WHITE PLAINS, NY 10606 13-1997636 501(C)3	605,847.	0.			HEALTH AND HUMAN SERVICES
UNITED WAY OF CENTRAL NEW YORK 518 JAMES STREET, PO BOX 2129 SYRACUSE, NY 13220 15-0532073 501(C)3	185,812.	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	347,000.	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	84,472.	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,		_			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 UNITED WAY OF THE GREATER CAPITAL	203,960.	0.			

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2023

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	157,273.	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	31,461.	0.			TO LEAD AND OVERSEE THE DEVELOPMENT AND OPERATION OF A STATE-WIDE, FREE, HEALTH AND HUMAN SERVICES

(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 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.

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

Schedule I (Form 990)

Schedule I (Form 990)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury 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.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization	Employer identification number 35-2381188
2-1-1 NEW YORK, INC.	33-2301100
EODM 000 DADM VI IINE 20	
FORM 990, PART XI, LINE 2C	
THE AUDIT COMMITTEE ASSUMED RESPONSIBILITY FOR THE AUDIT A	AND SELECTION
OF THE AUDITOR. THE AUDITOR IS SELECTED THROUGH A COMPETI	TIVE PROPOSAL
or the hobitor. The hobitor is selected introduct to complit	IIVE INOIODILE
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.

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

2-1-1 NEW YOR		35-2381188						
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		ets Direct contro entity		9
Identification of Related Tax-Exempt Organiz	rations. Complete if the organization	answered "Ves" on Form 990) Part IV line 34 h	pecause it had one	or more	related tay-eye	mnt	
Part II organizations during the tax year.	ations. Complete if the organization	answered res our our soc	5, 1 art 10, mic 04, c	ccause it had one	or more	Totalcu tax cxci	прс	
(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) ct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
UNITED WAY OF NEW YORK STATE - 14-1705108 800 TROY SCHENECTADY ROAD, 2ND FLOOR	IMPROVE LIVES OF ALL NEW YORKERS THROUGH LOCAL		504 (5) 2					
LATHAM, NY 12110	UNITED WAYS	NEW YORK	501(C)3	LINE 7	N/A			Х

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

Schedule R (Form 990) 2023

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

(a)	(b)	(c)		(e)	(f)	(g)	(h)		(h)		(h)		(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	lling Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of	Disprop	ortionate	Code V-UBI	Gener	al or Per	rcentage					
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box	partn	er? OW	rcentage wnership				
		country)		sections 512-514)		assets	Yes No		amount in box 20 of Schedule K-1 (Form 1065)	Yes	No					
										\vdash						
-																
										\vdash						

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 country)	(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	ent	ction b)(13) rolled tity?
		,						Yes	No

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

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?

а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	-		1a		X
b	b Gift, grant, or capital contribution to related organization(s)			1b		X
С	c Gift, grant, or capital contribution from related organization(s)			1c		X
				1d		X
е				1e		X
f	f Dividends from related organization(s)			1f		Х
				1g		Х
h	h Purchase of assets from related organization(s)			1h		X
i	i Exchange of assets with related organization(s)			1i		X
j	j Lease of facilities, equipment, or other assets to related organization(s)			1j		X
k	k Lease of facilities, equipment, or other assets from related organization(s)			1k		X
-1	Performance of services or membership or fundraising solicitations for related organization(s)			11		<u>X</u>
				1m		_X_
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n		_X_
0	Sharing of paid employees with related organization(s)			10		<u>X</u>
р	p Reimbursement paid to related organization(s) for expenses			1 p	X	
q	q Reimbursement paid by related organization(s) for expenses			1q		X
r	r Other transfer of cash or property to related organization(s)			1r		<u>X</u>
	<u> </u>		-	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered in	relationships and transaction thresholds.			
	(a) (b) Name of related organization Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	ved		
1)						
٥١						
2)						
٥١						
3)	ins or loan guarantees by related organization(s) ed assets to related organization(s) e of assets to related organization(s) change of assets to melated organization(s) change of assets with related organization(s) change of assets with related organization(s) see of facilities, equipment, or other assets from related organization(s) formance of services or membership or fundraising solicitations for related organization(s) formance of services or membership or fundraising solicitations by related organization(s) formance of services or membership or fundraising solicitations by related organization(s) ining of facilities, equipment, mailing lists, or other assets with related organization(s) tring of paid employees with related organization(s) for a special exploration or related organization(s) for expenses mibursement paid to related organization(s) for expenses mibursement paid by related organization(s) for expenses mibursement paid by related organization(s) for expenses mibursement paid by related organization(s) for any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Transaction Type (a-s) Method of determining amount involved					
4)						
")						
5)						
<u>~,</u>						
6)						
	163 09-28-23	·	Schedule R	(Form	1 9901	2023
5			2554416 11	,	- 201	

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) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									