TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

September 30, 2023

Prepared for	New York State Community Action Association, Inc. 2 Charles Boulevard Guilderland, NY 12084
Prepared by	EFPR Group, CPAs, PLLC 6390 Main Street Suite 200 Williamsville, NY 14221
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

		PUB	LIC DISCLOSURE COPY - STATE RE			-99
		00	Return of Organization Exem	າpt From	Income Tax	OMB No. 1545-0047
For	n y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal R	evenue Code (e	except private foundation	
-			Do not enter social security numbers on this			Open to Public
Interr	nal Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instruction			Inspection
AF	or the	e 2022 calend	ar year, or tax year beginning $OCT\ 1$, $\ 2022$	and ending	<u>SEP 30, 2023</u>	
Β	heck if		organization YORK STATE COMMUNITY ACTION		D Employer identific	ation number
_	⊐Addre					
	chang	e ASSC	CIATION, INC.			
	Name Chang	e Doing b	usiness as	i	22-321642	24
	Initial return		and street (or P.O. box if mail is not delivered to street address)	Room/sui		
	Final return/ termin	<u> </u>	ARLES BOULEVARD		518-690-0	
	ated Amen	City or t	own, state or province, country, and ZIP or foreign postal co	de	G Gross receipts \$	1,029,648.
	return		DERLAND, NY 12084		H(a) Is this a group re	
	Applic tion pendir	^{ng} F Name a	nd address of principal officer:JACQUELINE ORR AS C ABOVE		for subordinates?	
		empt status:		7(a)(1) or 5	H(b) Are all subordinates in	
			∑ 501(c)(3) 501(c)() (insert no.) 494 NYSCOMMUNITYACTION • ORG	7(a)(1) or 5		list. See instructions
	Nebsi		X Corporation Trust Association Other		H(c) Group exemption ar of formation: 1987 M	
	art I	Summary				State of legal dofinitie. IN I
			e the organization's mission or most significant activities:	TER SCHEL	DILE O	
Governance	'	Brieffy descrit				
nar	2	Check this bo	x if the organization discontinued its operations o	r disposed of m	are then 25% of its not as	ente
ver			ting members of the governing body (Part VI, line 1a)	•		20
			lependent voting members of the governing body (Fart VI, line Ta)			20
کە د			of individuals employed in calendar year 2022 (Part V, line 20			5
Activities &			of volunteers (estimate if necessary)			0
cti			d business revenue from Part VIII, column (C), line 12			0.
Ă			business taxable income from Form 990-T, Part I, line 11			0.
		Not unrolated			Prior Year	Current Year
•	8	Contributions	and grants (Part VIII, line 1h)	F	1,022,936.	911,084.
Revenue			ce revenue (Part VIII, line 2g)		72,678.	70,907.
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Ĕ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		46,794.	47,657.
			- add lines 8 through 11 (must equal Part VIII, column (A), lin		1,142,408.	1,029,648.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4)		0.	0.
ŝ			compensation, employee benefits (Part IX, column (A), lines		400,947.	371,513.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundrais	ng expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		707,990.	618,709.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,108,937.	990,222.
	19	Revenue less	expenses. Subtract line 18 from line 12		33,471.	39,426.
Net Assets or Fund Balances					Beginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		383,641.	526,724.
at As	21		(Part X, line 26)		219,592.	323,249.
N ⁿ	22		fund balances. Subtract line 21 from line 20		164,049.	203,475.
	art II	Signatur				
			I declare that I have examined this return, including accompanying s			knowledge and belief, it is
true	, correc	ct, and complete	Declaration of preparer (other than officer) is based on all informati	on of which prepa	rer has any knowledge.	
			e.			
Sig	n	Signature of o			Date	
Her	е		INE ORR, CEO			
		Type or print r				
_ /		Print/Type pre			Date Check	
Paic			URBAN CPA DAVID A. URB	SAN CPA	03/25/24 self-employed	P00630018
	Darer	Firm's name	EFPR GROUP, CPAS, PLLC		Firm's EIN 47	7-4526160
Use	Only	Firm's address	6390 MAIN STREET SUITE 200			

May the IRS dis	ccuss this return with the preparer shown above? See instructions	
232001 12-13-22	LHA For Paperwork Reduction Act Notice, see the separate in	structions.

WILLIAMSVILLE, NY 14221

Phone no.716-634-0700

		YORK STATE COMMUN	IITY ACTION		
Form	990 (2022) ASSC	DCIATION, INC.		22-3216424	Page 2
	rt III Statement of Progra		nts		
	 Check if Schedule O contai	ns a response or note to any line it	n this Part III		
1	Briefly describe the organization's				
•			N ASSOCIATION	(NYSCAA) STRENGTHEN	S
				ADDRESS THE CAUSES	
	CONDITIONS OF POV				
2	Did the exception undertake or	ny significant program services dur	ing the year which were not	listed on the	
2	-		• •		XNo
				L Yes	
	If "Yes," describe these new serv				37
3		icting, or make significant changes	in how it conducts, any pro	ogram services? Yes	XNo
	If "Yes," describe these changes				
4				ram services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) or	ganizations are required to report t	the amount of grants and all	ocations to others, the total expenses,	and
	revenue, if any, for each program	service reported.			
4a	(814,249 including gra	ints of \$		564.)
	THE NEW YORK STAT	'E COMMUNITY ACTIC	N ASSOCIATION	'S (NYSCAA) MISSION	IS
	TO STRENGTHEN THE	CAPACITY OF THE	COMMUNITY ACT	ION NETWORK TO ADDRE	SS
	THE CAUSES AND CO	NDITIONS OF POVEF	TY. NYSCAA WAS	S CREATED IN 1987 TO)
	PROVIDE NEW YORK	STATE COMMUNITY A	CTION AGENCIES	S WITH INFORMATION,	
				NCE TO ENHANCE THE	
		CIES TO SERVE AS E			
			-	ER THE COMMUNITY ACT	TON
				S AND CHALLENGES, AN	
		ST THE NEEDS OF VU			
	DIRAIDGIZE 10 MEI				
4b	(Code:) (Expenses \$	including gra	ints of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including are	ints of \$) (Revenue \$)
		33		, , , ,	,
4d	Other program services (Describe	on Schedule O.)			
	(Expenses \$	including grants of \$) (Revenue)	
4e	Total program service expenses	814,249.			

 NEW YORK STATE COMMUNITY ACTION

 Form 990 (2022)
 ASSOCIATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	_		v
-	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 "Yes," complete</i>	•		x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	3	ļ	<u> </u>
	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				
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? 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	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x	
	Schedule K. If "No," go to line 25a	24a			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c			
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		x	
Ь	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	200			
Ŭ	"Yes," complete Schedule L, Part IV	28c		x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete				
	Schedule N, Part II	32		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			x	
05 -	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a			
b	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?	005			
	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		
Pa					
	Check if Schedule O contains a response or note to any line in this Part V		V -		
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 14		Yes	No	
ia b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a14Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
v	(gambling) winnings to prize winners?	1c	х		

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

Form 990 (2022) ASSOCIATION, INC. 22-3216424 Pag							
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 5						
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		Х			
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
a	If "Yes," enter the name of the foreign country						
Fo	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00					
ou	any contributions that were not tax deductible as charitable contributions?	6a		х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	u					
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
е	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:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
10	amounts due or received from them.)	40					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a					
d	Note: See the instructions for additional information the organization must report on Schedule O.	ISa					
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
b	organization is licensed to issue qualified health plans						
c	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.	-		·			

Form 990 (2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		v
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-	Х	
	The governing body?	8a	X	
b 9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	21	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	X
b	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable antity during the year?	16-		х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		- 23
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JACQUELINE ORR, C.E.O 518-690-0491			
	2 CHARLES BOULEVARD, GUILDERLAND, NY 12084			

NEW Y	ORK	STATE (COMMUNITY	ACTION

Form 990 (2	022)	ASSOCIAT	'ION,	INC.			22-32
Part VII	Compensation	of Officers,	Director	rs, Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Cont	ractors			

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

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

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

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

 List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title (B) Average week (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D		1	1								
Name and theAnd the hours per weak (ist ary prous for nelated organization per (ist ary ine)And the the per the encoder hand a month of the encoder hand a month of the encoder hand a month of from melated organization (W2/1094MSC)Compensation from melated organization (W2/1094MSC)Compensation from melated organization (W2/1094MSC)Compensation from melated organization organization (W2/1094MSC)Compensation from melated organization organization organization solutionCompensation from melated organization organization solution (W2/1094MSC)Compensation from melated organization organization 	(A)	(B)	(C)		(D)	(E)	(F)				
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Week (ist ary burs for leaded organizations below line) Image of the second secon		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
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(5) DIANE COOPER-CURRIER 2.00 X X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(4) DAN MASKIN										
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(7) NEENAH BLAND 1.00 X 0.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	. ,										0
DIRECTOR 0.00 X 0.			X						0.	0.	0.
(8) MIKE BOBBITT 1.00 X 0.0.0.0. DIRECTOR 0.000 X 0.0.0.0.0. 0.0.0.0.0.0.0.0. (9) LESLEY GOOCH-CHRISTMAN 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											
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(9) LESLEY GOOCH-CHRISTMAN 1.00 0.00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td><u> </u></td></t<>											<u> </u>
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(10) RENEE HUNGERFORD 1.00 X 0.00 <td></td> <td></td> <td>.,</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td>			.,								0
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(11) ERIC POULSON 1.00 0.											
DIRECTOR 0.00 X 0.	DIRECTOR		X						0.	0.	0.
(12) CHARLES QUINN 1.00 0.00 <td>(11) ERIC POULSON</td> <td></td>	(11) ERIC POULSON										
DIRECTOR 0.00 X 0.	DIRECTOR		Х						0.	0.	0.
(13) GREG RICHARDS 1.00 0.00 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(12) CHARLES QUINN										
DIRECTOR 0.00 X 0.	DIRECTOR		Х						0.	0.	0.
(14) LAURA ROSSMAN 1.00 0.00 X 0.00.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	(13) GREG RICHARDS										
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(15) TINA SHARPE 1.00 0.00 X 0.00.00.00.00.00.00.00.00.00.00.00.00.0	(14) LAURA ROSSMAN										
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(16) ELIZABETH CARLTON SPIRA 1.00 0.	(15) TINA SHARPE		1						_	_	_
DIRECTOR 0.00 X 0.00 O. 0.0			X						0.	0.	0.
(17) AMY TURNER 1.00 0.00	(16) ELIZABETH CARLTON SPIRA								_	_	
DIRECTOR 0.00 X 0. 0. 0.			X						0.	0.	0.
											_
	DIRECTOR	0.00	X						0.	0.	

NEW	YORK	STATE	COMMUNITY	ACTION					
ASSOCIATION, INC.									

22-3216424 Page 8

Form 990 (2022) ASSOCIAT	ION, INC	2.							22-3216	5424	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ghes	st C	Compensated Employe	es (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average	(do			ition) than d		Reportable	Reportable	Est	mated
	hours per	box	, unles	ss pe	rson i	is botł	h an	compensation	compensation	amount of	
	week	offi	cer an	dad	irecto	or/trus	tee)	from	from related	0	ther
	(list any	ector						the	organizations	comp	ensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/		m the
	related organizations	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)		nization
	below	ual tri	onal		ploye	t com ee		1099-NEC)			related nizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orgai	IIZALIONS
(18) NANCY TURO	1.00	<u> </u>	-	0	ž	Ξē	Æ				
DIRECTOR	0.00	x						0.	0.		0.
(19) JEROME UNDERWOOD	1.00										
DIRECTOR	0.00	x						0.	0.		0.
(20) DENIS WILSON	1.00										
DIRECTOR	0.00	X						0.	0.		0.
(21) TINA ZERBIAN	1.00										
DIRECTOR	0.00	X						0.	0.		0.
1b Subtotal								113,279.	0.	1	,000.
c Total from continuation sheets to Part V								0.	0.		0.
d Total (add lines 1b and 1c)								113,279.	0.		,000.
2 Total number of individuals (including but n									-	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
compensation from the organization		1030	11310	u a	0010	<i></i>					1
											Yes No
3 Did the organization list any former officer,	director. trust	ee. ł	kev e	ame	love	e. or	hic	hest compensated emp	olovee on		
line 1a? If "Yes," complete Schedule J for s	,				,				,	3	X
4 For any individual listed on line 1a, is the su	Im of reportab	le co	ompe	ensa	ation	n and	l ot	her compensation from	the organization		
and related organizations greater than \$15	-		-					-	.	4	Х
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch	pers	son .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of compen	sation fr	om
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.		
(A) Name and business	addraaa	370						(B) Description of s		(C) Compen	
	audress	NC	ONE	5			_	Description of s	ervices	compen	Sation
							-				
							-				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to		~	stec	d above) who received m	nore than		
\$100,000 of compensation from the organi	zation				(0					

NEW YORK STATE COMMUNITY ACTION

Form	1 99	0 (2			JRK SI IATION			ITY ACTION		22-3216	424 Page 9
Pa						- /					
			Check if Schedule O	conta	ins a respo	nse	or note to any lin	e in this Part VIII			
					·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b		76,240.				
ts, (Am		с	Fundraising events		1c						
Gif			Related organizations								
ns, Sim			Government grants (conti				805,022.				
er (f	All other contributions, gifts,	-			20 000				
Oth			similar amounts not included				29,822.				
pu		-	Noncash contributions included in					911,084.			
<u>a O</u>		h	Total. Add lines 1a-1f				Business Code	911,004.			
n	_	_	EVENTS/CONFEF	ENG	TES		813319	63,407.	63,407.		
vice	Z		SPONSOR/VENDO			!	813319	7,500.			
Ser		с С				_	010010	7,500.	7,5000		
evel B		d									
Program Service Revenue		e									
Pr		f	All other program service revenue								
			Total. Add lines 2a-2f					70,907.			
	3		Investment income (inclue	ding c	lividends, i	ntere	est, and				
			other similar amounts)								
	4		Income from investment of tax-exempt bond p				ł				
	5		Royalties	· · · · · · · ·							
	_		_		(i) Real		(ii) Personal				
	6		Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss) Net rental income or (loss	6c							
	7		Gross amount from sales of	s)	(i) Securit		(ii) Other				
	'	d	assets other than inventory	7a	() 000411						
		b	Less: cost or other basis	14							
enue		~	and sales expenses	7b							
ven		с	Gain or (loss)								
Re			Net gain or (loss)								
Other Rev	8	а	Gross income from fundraisi								
δ			including \$		of						
			contributions reported on		-						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
	•		Net income or (loss) from Gross income from gamin		-						
	9	a	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from				·				
	10		Gross sales of inventory,								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of invento	ry					
S			VT 0 0	~			Business Code	10 100			
leor	11		MISCELLANEOUS	5			900099	47,657.	47,657.		
Miscellaneous Revenue		b									ļ
Sce		c									<u> </u>
ž			All other revenue					47,657.			
	e Total. Add lines 11a-11d							1,029,648.		0.	0.
	12 Total revenue. See instructions							_,,.10100	,	J. J.	Eorm 990 (2022)

Form 990 (2022)	ASSOCIATION, INC.	
Part IX Statement of	Functional Expenses	

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
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	113,279.	97,420.	15,859.	
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	190,913.	164,185.	26,728.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4.2 6.2 6	25 501		
9	Other employee benefits	43,629.	37,521.	6,108.	
10	Payroll taxes	23,692.	20,375.	3,317.	
11	Fees for services (nonemployees):				
а	Management				
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,	270 500	250 011	10 507	
	column (A), amount, list line 11g expenses on Sch 0.)	378,598.	359,011.	19,587.	
12	Advertising and promotion	3,774.	3,208.	566.	
13	Office expenses	14,121.	13,415.	706.	
14 45	Information technology	14,141.	13,413.	700.	
15	Royalties	34,914.	22,345.	12,569.	
16 17		24,180.	21,037.	3,143.	
17 10	Payments of travel or entertainment expenses	24,100.	21,057.	5,145.	
18	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	88,451.	44,226.	44,225.	
19 20			,	,,	
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	5,365.	4,507.	858.	
24	Other expenses. Itemize expenses not covered		,		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	TRAINING	22,076.	17,661.	4,415.	
b	MEMBERSHIP FEES	18,878.	2,077.	16,801.	
с	SUBSCRIPTIONS AND PUBLI	10,800.	1,512.	9,288.	
d	BAD DEBT	8,069.		8,069.	
е	All other expenses	9,483.	5,749.	3,734.	
25	Total functional expenses. Add lines 1 through 24e	990,222.	814,249.	175,973.	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)				

Form 990 (
Part X	Balance	Sheet

_		Check if Schedule O contains a response or	note to any line in this Part X			
		·		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		75,582.	1	281,365.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	174,795.
	4	Accounts receivable, net			4	6,496.
	5	Loans and other receivables from any curre				
		trustee, key employee, creator or founder, s				
		controlled entity or family member of any of	these persons		5	
	6	Loans and other receivables from other disc				
		under section 4958(f)(1)), and persons desc			6	
ŝ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
¥	9	Prepaid expenses and deferred charges			9	24,251.
		Land, buildings, and equipment: cost or oth	1 1			
		basis. Complete Part VI of Schedule D				
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, I		12		
	13	Investments - program-related. See Part IV,		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	39,817.
	16	Total assets. Add lines 1 through 15 (must		383,641.	16	526,724.
	17	Accounts payable and accrued expenses		162,554.	17	245,144.
	18	Grants payable			18	•
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	38,288.
	21	Escrow or custodial account liability. Compl			21	•
s	22	Loans and other payables to any current or				
Liabilities		trustee, key employee, creator or founder, s				
lide		controlled entity or family member of any of			22	
Ľ.	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unre			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on				
		of Schedule D		0.	25	39,817.
	26			219,592.	26	323,249.
		Organizations that follow FASB ASC 958,		- ,		, -
Ses		and complete lines 27, 28, 32, and 33.				
anc	27			164,049.	27	203,475.
Bal	28	Net assets with donor restrictions			28	•
pu		Organizations that do not follow FASB AS				
Ľ		and complete lines 29 through 33.				
P D	29	Capital stock or trust principal, or current fu	nde		29	
sets	30	Paid-in or capital surplus, or land, building, o			30	
Ass	31	Retained earnings, endowment, accumulate			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		164,049.	32	203,475.
Z	33	Total liabilities and net assets/fund balances		383,641.	33	526,724.
	33	ו טנמו ומטווונופה מויט וופנ מההפנה/וטווט שממוונפי		505,041.	55	Eorm 990 (2022)

Form **990** (2022)

NEW	YORK	STATE	COMMUNITY	ACTION
ASSC	OCTATI	ION TI	NC.	

Form	ASSOCIATION, INC.	22	-3216424	Pa	.ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,02						
2	Total expenses (must equal Part IX, column (A), line 25)	2			22.				
3	3 Revenue less expenses. Subtract line 2 from line 1 3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	4,0	49.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	20	3,4	.75.				
Pa	rt 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	e 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	l 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?			X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	б,						
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x					
	review, or compilation of its financial statements and selection of an independent accountant?								
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2022)

SC	SCHEDULE A									OMB No. 1545-0047
	rm 99				rity Status an					つりつつ
(-,	Co		ization is a section 50			or a section		ZUZZ
Dena	tment o	f the Treasury			47(a)(1) nonexempt cha ttach to Form 990 or Fo					Open to Public
		nue Service			Form990 for instruction			formation.		Inspection
Nan	ne of t	he organizati			COMMUNITY A				Employer	identification number
		-		CIATION, I					2	2-3216424
Pa	rt I	Reason			(All organizations must c	omplete ti	nis part.) S	See instruction		
The	organ				For lines 1 through 12, c					
1			•		on of churches described		,			
2	\square				Attach Schedule E (Forn			•,,,-,,•,•		
3	\square				anization described in s e		/h//1///i	ii)		
4	H	•	•		njunction with a hospital				Viiii) Enter	the hospital's name
-		city, and state			njunoton war a noopita					the noopital o name,
5				or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	init describ	ed in
5				Complete Part II.)			icu by a g	overnmentar		
6					nental unit described in :	section 17	70(h)(1)(A)	(v)		
7	X				ntial part of its support f				ha qanaral	public described in
'		•		omplete Part II.)	intal part of its support i	ioni a gov	ernnenta		ine general	public described in
8					(1)(A)(vi). (Complete Par	F 11 \				
9	H	-			in section 170(b)(1)(A)		nd in coniu	unction with a	land grant	collogo
9										
			១ ឧ ៧០៣-ាឧ៧០-ប្	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	r the colleg	eor
10		university:	on that norma	Illy reacives (1) more	than 22 1/20/ of its sup	port from	oontributic	no momboro	hin food a	ad aross respire from
10					than 33 1/3% of its sup					
					t to certain exceptions;					-
				mplete Part III.)	(less section 511 tax) fr	om busine	sses acqu	lifed by the o	ganization	alter Julie 30, 1975.
44					ively to test for public or	foty Soo	nantian El	O(a)(4)		
11	H	-	-	-	ively to test for public satisfies the basefit of the	•			orm (out the	numpered of one or
12					ively for the benefit of, to					
					ed in section 509(a)(1) o					
~		7	-		of supporting organizatio				-	, aivina
а					upervised, or controlled gularly appoint or elect a					
			•	complete Part IV, Se	• • • • •	a majonty				supporting
b		¬ ~		•	l or controlled in connec	tion with it	e cupport	od organizativ	on(c) by ba	vina
U					anization vested in the s					
			•	t complete Part IV,		ame perso			age the sup	ported
		Γ	()	•	g organization operated	in connoc	tion with	and functions	lly intograt	ad with
с			-	•	g organization operated b). You must complete l				iny integration	eu with,
d			-		orting organization oper				rtod organi	zation(c)
u			-		zation generally must sat				-	
			-		nplete Part IV, Sections	•		-	u an alleni	IVENESS
е		- ·	·		written determination fro					
e			•		nally integrated support			а турет, туре	п, туре п	
f	Ento				nany integrated support					
g				about the supporte						
<u> </u>		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	-	organization			(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instructions)
					above (see instructions))					
Tota	al									

22-3216424 Page 2

	Schedule A	(Form 990) 2022	ASSOCIATION	, INC.
l	Part II	Support Schedule	for Organizations D	escribed

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	681,286.	725,877.	853,335.	1,022,936.	911,084.	4,194,518.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	681,286.	725,877.	853,335.	1,022,936.	911,084.	4,194,518.
5		-	-		. ,	-	
-	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							4,194,518.
	Public support. Subtract line 5 from line 4. ction B. Total Support						4,194,510.
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 0000	
	ndar year (or fiscal year beginning in)	(a)2018 681,286.	(b) 2019 725,877.	(c) 2020 853,335.	(d) 2021 1,022,936.	(e)2022 911,084.	(f) Total 4,194,518.
-	Amounts from line 4	001,200.	123,011.	000,000.	1,022,930.	911,004.	4,194,518.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,259.	7,726.	6,451.	46,794.	47,657.	112,887.
11	Total support. Add lines 7 through 10						4,307,405.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	367,358.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), c	livided by line 11,	column (f))		14	97.38 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.07 %
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances tes	-			-		
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
				,, , .	,		

Schedule A (Form 990) 2022

NEW YORK STATE COMMUNITY ACTION

Schedule A (Form 990) 2022

ASSOCIATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
income under continue 510						
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 exceed the greater of 16 for the units.						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 202	
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
 9 Amounts from line 6						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) org	anization,
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2022 (I	ine 8, column (f), (divided by line 13,	column (f))		15	%
16 Public support percentage from 2021	Schedule A, Part	: III, line 15			16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	22 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						/3%, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio						
		,				

Schedule A (Form 990) 2022 ASSC 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.)

		V	
1		Yes	No
	1		
	-		
	2		
	3a		
	~		
	3b		
	3c		
	00		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	5		
	7		
	8		
	0-		
	9a		
	9b		
	9c		
	10a		
	10b		

NEW YORK STATE COMMUNITY ACTION

Sche	edule A (Form 990) 2022 ASSOCIATION, INC. 2	2-3216	424 F	Page 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1	1a	
b	A family member of a person described on line 11a above?	1	lb	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	1	1c	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i>	ficers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1	
2	Did the organization operate for the benefit of any supported organization other than the supported		•	
2	organization(s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.		2	
Sec	tion C. Type II Supporting Organizations	4	-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).		1	
Sec	tion D. All Type III Supporting Organizations		•	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		•	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).			
2	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	-	2	
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
800	tion E. Type III Functionally Integrated Supporting Organizations		3	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	Jotions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.	hi laga inatu	ationa)	
c o	L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	y (see mstru		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			

- that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	nizations	
Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust or	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must	st complete	e Sections A through E.	
ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
	2		
	3		
	4		
Depreciation and depletion	5		
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		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Check here if the organization satisfied the Integral Part Test as a qualifyi All other Type III non-functionally integrated supporting organizations mu- ion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets (<i>explain in detail in Part VI</i>): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 2 or line 3. Income tax imposed in prior year Distributable Amount.	Check here if the organization satisfied the Integral Part Test as a qualifying trust or All other Type III non-functionally integrated supporting organizations must complet ion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 8 Ayerage monthly value of securities 1a Average monthly value of securities 1a Average monthly value of securities 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisiton indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3)	Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in I All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Ion A - Adjusted Net Income (A) Prior Year Integrated Supporting organizations must complete Sections A through E. (A) Prior Year Integrated Supporting organizations must complete Sections A through E. (A) Prior Year Net short-term capital gain 1 Recoveries of prioryaar distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt use assets (see instructions) 1a Average monthly cash balances 1b 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c 1d 1d Discount claumed for blockage 1d

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

NEW YORK STATE COMMUNITY ACTION

Sche	dule A (Form 990) 2022 ASSOCIATION ,			2	2-3216424 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continue}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	5	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
-	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022			STATI		MUNITY	ACTIO	N	22-3216424 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	mation 2, 3b, 3c ines 2 an	• Provide c, 4b, 4c, s id 3; Part	the explar 5a, 6, 9a, 9 IV, Sectior	nations red 9b, 9c, 11 n E, lines 1	a, 11b, and 1c, 2a, 2b, 3	11c; Part IV a, and 3b; F	', Section B, line Part V, line 1; Pa	a or 17b; Part III, line 12; ss 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule of Contributors

** PUBLIC DISCLOSURE COPY **

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

22-3216424

me of the organizat	ion	
	NTETAT	VODV

ASSOCIATION, INC.

Organization type (check one).	Organization	type (check one):
--------------------------------	--------------	-------------------

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Na

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 for an *exclusively* religious is checked.

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

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

No.	Name, address, and ZIP + 4
223452 11-1	5-22

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$346,722.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$414,789.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$43,511.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$27,451.	Person X 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 Oncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

22 - 3216424

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Name of organization

NEW YORK STATE COMMUNITY ACTION

ASSOCIATION, INC.

	ORK STATE COMMUNITY ACTION		Employer identification number
Part II	IATION, INC. Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	

Schedule B (Form 990) (2022)

Page 3

Schedule	B (Form 990) (2022)			Page 4					
	organization			Employer identification number					
NEW Y	ORK STATE COMMUNITY ACTI	ON							
	IATION, INC.			22-3216424					
Part III	Exclusively religious, charitable, etc., contribution) that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a) th completing Part III, enter the total of exclusively religious, char	rough (e) and the following line ent ritable etc. contributions of \$1 000 or l	ry. For organizations	once)\$					
	Use duplicate copies of Part III if additional sp	ace is needed.							
(a) No. from			() =						
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	ť						
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I	(2) · poor or g	(0) 000 01 g	(-,						
	I .								
	I .								
	I .								
	(e) Transfer of gift								
			- · · · · · · · · ·						
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee					
		[
(a) No. from									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	t						
	(-,								
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
Part I	(2)	(-) 5	(-)						
	I .								
	.								
	.								
	<u> </u>	/ \ T	<u> </u>						
		(e) Transfer of gif	τ						
			Data in the						
	Transferee's name, address, and	I ZIP + 4	Relationship of tr	ansferor to transferee					
	1								

SCHEDULE C	Pc	olitical Campaign a	nd Lobbying	g Activities	;	OMB No. 1545-0047				
(Form 990)	(Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527									
		if the organization is described k				Open to Public				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for ins				Inspection				
 Section 501(c)(3) org Section 501(c) (other 	 If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. 									
Section 527 organization		-								
		Form 990, Part IV, line 4, or For								
		have filed Form 5768 (election unc have NOT filed Form 5768 (electio		-						
		Form 990, Part IV, line 5 (Proxy								
Tax) (See separate inst		11 offit 330, Part IV, line 3 (Proxy			III 330-L	-2 , Fait v , line 550 (Froxy				
		tions: Complete Part III.								
Name of organization	-	K STATE COMMUNITY	ACTION		Emplo	yer identification number				
		TION, INC.				22-3216424				
Part I-A Comple	ete if the org	anization is exempt unde	r section 501(c)	or is a section {	527 or	ganization.				
		ation's direct and indirect political								
		ures			\$_					
3 Volunteer hours for	political campai	gn activities			····· <u>-</u>					
Part I-B Comple	ete if the ord	anization is exempt unde	r section 501(c)(3).						
•		incurred by the organization unde			\$					
		incurred by organization manager								
		n 4955 tax, did it file Form 4720 fo								
4a Was a correction m	ade?					🗌 Yes 🗌 No				
b If "Yes," describe in										
		anization is exempt unde			•)(3).				
	• •	by the filing organization for sect	-		\$_					
		ization's funds contributed to othe	er organizations for se	ction 527	•					
exempt function ac		Add lines 1 and 0. Enter have an			\$_					
-	-	. Add lines 1 and 2. Enter here and			\$					
						Yes No				
00		nployer identification number (EIN)								
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.										
(a) Name	;	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0				

		NEW YORK ST	ATE COMMUNI	TY ACTION					
Sche	edule C (Form 990) 2022	ASSOCIATION	I, INC.			216424 Page 2			
Pa	rt II-A Complete if the org	ganization is exe	mpt under sectio	n 501(c)(3) and fi	led Form 5768 (el	ection under			
	section 501(h)).								
A	Check if the filing organiza	tion belongs to an aff	iliated group (and list ir	n Part IV each affiliated	l group member's nam	e, address, EIN,			
	expenses, and share	re of excess lobbying	expenditures).						
в	Check 🔲 if the filing organiza	ation checked box A a	nd "limited control" pro	ovisions apply.					
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)(a) Filing organization's totals(b) Affiliated group totals								
1a	Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)						
b	Total lobbying expenditures to influ	uence a legislative bo	dy (direct lobbying)		175.				
с	Total lobbying expenditures (add li	ines 1a and 1b)			175.				
d	•				990,047.				
е	Total exempt purpose expenditure	es (add lines 1c and 1	d)		990,222.				
	Lobbying nontaxable amount. Ente				173,533.				
	If the amount on line 1e, column (a) o	or (b) is: The lot	bying nontaxable am	ount is:					
	Not over \$500,000	20% of	the amount on line 1e.						
	Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.					
	Over \$1,000,000 but not over \$1,5	500,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.					
	Over \$1,500,000 but not over \$17	,000,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.					
	Over \$17,000,000	\$1,000	,000.						
g	Grassroots nontaxable amount (er	nter 25% of line 1f)			43,383.				
h	Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.				
i	Subtract line 1f from line 1c. If zero	o or less, enter -0			0.				
j	If there is an amount other than ze	ero on either line 1h or	line 1i, did the organiz	ation file Form 4720					
	reporting section 4911 tax for this	year?				Yes No			
		4-Year Av	eraging Period Under	Section 501(h)					
	(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)								
		Lobbying Expe	nditures During 4-Yea	ar Averaging Period					
	Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total			

2a Lobbying nontaxable amount	139,366.	159,601.	185,894.	173,533.	658,394.
b Lobbying ceiling amount (150% of line 2a, column(e))					987,591.
c Total lobbying expenditures	878.	0.	0.	175.	1,053.
d Grassroots nontaxable amount	34,842.	39,900.	46,474.	43,383.	164,599.
e Grassroots ceiling amount (150% of line 2d, column (e))					246,899.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)	(k)
of th	e lobbying activity.	Yes	Νο	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)((5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			-	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
	in the standard standard for Dart I.A. Kan de Dart I.D. Kan de Dart I.O. Kan E. Dart I.A. (affiliate de sur su	Bath David II	A 11	10.0	

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

	Complete if the organization answered "Yes" on Form 990,					OMB No. 1545-0047	
•	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.						Open to Public
	partment of the Treasury Attach to Form 990. ernal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection
Nam	e of the organizati		MUNITY ACT	ION		Emp	loyer identification number
		ASSOCIATION, INC.					22-3216424
Pa		ations Maintaining Donor Advise		er Similar Fund	ds or A	ccou	nts.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		viced funde			do and other accounts
	-		(a) Donor ad	vised tunas	(o) Fund	ds and other accounts
1		nd of year					
2 3		f contributions to (during year)					
4		f grants from (during year) t end of year					
5		on inform all donors and donor advisors in		ts held in donor adv	l vised fun	de	
5	-	on's property, subject to the organization's	-				Yes No
6		on inform all grantees, donors, and donor a					
•		oses and not for the benefit of the donor of					
	impermissible priva					-	Yes No
Pa	tll Conserv	ation Easements. Complete if the org					
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that ap	ply).			
	Preservation	n of land for public use (for example, recrea	ation or education)	Preservation of	of a histo	rically	important land area
	Protection o	f natural habitat		Preservation of	of a certi	fied his	storic structure
	Preservation	n of open space					
2	-	through 2d if the organization held a quali	fied conservation co	ntribution in the form	n of a co		
	day of the tax year						Held at the End of the Tax Year
		onservation easements				2a	
						2b	
		vation easements on a certified historic str				2c	
d		vation easements included in (c) acquired	• • •				
•		isted in the National Register				2d	
3		vation easements modified, transferred, re	leased, extinguished	, or terminated by t	ne organ	ization	during the tax
4	year	 where property subject to conservation ea	soment is located				
5		tion have a written policy regarding the pe	•	nection bandling o	- f		
Ŭ		forcement of the conservation easements i					Yes No
6	,	r hours devoted to monitoring, inspecting,					
-		······································	······································	-, -----			
7	Amount of expens	 es incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conser	vation ea	semen	its during the year
			-	-			
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the require	ments of section 17	'0(h)(4)(E	3)(i)	
	and section 170(h))(4)(B)(ii)?					Yes 🛛 No
9	In Part XIII, describ	be how the organization reports conservation	ion easements in its	revenue and expen	se stater	nent ar	nd
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the						
		ounting for conservation easements.		-	<u></u>	<u></u>	
Pa		ations Maintaining Collections o	-	Treasures, or	Other	Simila	ar Assets.
		the organization answered "Yes" on Form					
1a	•	elected, as permitted under FASB ASC 95	•				
	,	easures, or other similar assets held for pul	,	,		nce of	public
h	service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
d							
		sures, or other similar assets held for public ng amounts relating to these items:	exhibition, educatio	n, or research in tu	rinerance	e or pu	DIIC Service,
	•	ded on Form 990, Part VIII, line 1				d	8
		ed in Form 990, Part X					۶ ۶
2		received or held works of art, historical tre					۲
2	•	unts required to be reported under FASB A			nai gairi,	provide	<u>.</u>
а	-	on Form 990, Part VIII, line 1	-			4	6
		Form 990, Part X					·
		eduction Act Notice, see the Instruction					Schedule D (Form 990) 2022

232051 09-01-22

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes Image: Ima		NEW YORK	STATE CO	MMUNI	TY AC	TION						
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a D-blub exhibition d Loan or exchange program b Scholarly research e Other c Previde a description of thure generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other simal assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes Image: the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Image: the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Image: the organization include an	Sche	dule D (Form 990) 2022 ASSOCIAT	ION, INC.					22-	-321	.6424	Pag	je 2
collection items (check all that apply): d Loan or exchange program b Scholarly research e Other c Preservation for future generations e Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets totassets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes totassets Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Ta Is the organization angeent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Int b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount To c Additions during the year Id Id Id Id a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Int e Beginning balance (a) Current year (b) Prior year (c) Two years back (d) Three ye	Par	t III Organizations Maintaining Co	llections of A	rt, Histo	orical Tr	easures, c	or Other	Similar A	sset	S(continu	ied)	
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e Other expenditures for facilities and programs												
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.												
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Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.	b											
Part VI Land, Buildings, and Equipment.	-											
	Par											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		Complete if the organization answered	"Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990	, Part X, lin	e 10.				
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value		Description of property			. ,		.,		(d) Book	value	
1a Land	1a	Land										
b Buildings												
c Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X, colum	n (B), line 1	10c.)						0.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 ASSOCIATI	-	2	2-3216424 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	ity) (b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related	•		
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Y	es" on Form 990. Part IV. line 1	11d. See Form 990. Part X. line 15.	
	(a) Description	,,,	(b) Book value
(1) RIGHT OF USE ASSET			39,817.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		39,817.
Part X Other Liabilities.	,		0070270
Complete if the organization answered "Y	es" on Form 990, Part IV, line 1	1e or 11f. See Form 990. Part X. line :	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			39,817.
			5570170
(3)			
(4)			
(5)			
(6)			+
(7)			+
(8)			+
(9) Tetel (Column (b) must equal Form 000, Port V, col (P	Vine 25		39,817.
Total. (Column (b) must equal Form 990, Part X, col. (B			
2. Liability for uncertain tax positions. In Part XIII, pro	vide the text of the foothote to	the organization's financial statement	s 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... 🗴

NEW	YORK	STATE	COMMUNITY	ACTION
ACCO	ויייעדיאר		NC	

Sche	dule D (Form 990) 2022 ASSOCIATION, INC.		22-	SZIC4Z4 Page4	4	
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.						
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	1,029,648	•	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d		2e	0		
3	Subtract line 2e from line 1		3	1,029,648	•	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b		_		
С	Add lines 4a and 4b			0		
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,029,648	•	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		ii			
1	Total expenses and losses per audited financial statements		1	990,222	•	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	_ 2 b				
С	Other losses	_ 2c				
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			0		
3	Subtract line 2e from line 1			990,222	•	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b		-		
с	Add lines 4a and 4b			0	-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			990,222	•	
Do	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ASSOCIATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE						
INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES						
IS REFLECTED IN THE FINANCIAL STATEMENTS. THE ASSOCIATION HAS BEEN						
CLASSIFIED AS A PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE						
FOUNDATION UNDER SECTION 509(A) OF THE CODE. THE ASSOCIATION PRESENTLY						
DISCLOSES OR RECOGNIZES INCOME TAX POSITIONS BASED ON MANAGEMENT'S						
ESTIMATE OF WHETHER IT IS REASONABLY POSSIBLE OR PROBABLE THAT A LIABILITY						
HAS BEEN INCURRED FOR UNRECOGNIZED INCOME TAXES. MANAGEMENT HAS CONCLUDED						
THAT THE ASSOCIATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE						
ADJUSTMENT IN ITS FINANCIAL STATEMENTS. U.S. FORMS 990 FILED BY THE						
ASSOCIATION ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES.						
20054 00.01 00						

Schedule D (Form 990) 2022	ASSOCIATION,	INC.	22-3216424 Page 5
Schedule D (Form 990) 2022	ation (continued)		

NEW YORK STATE COMMUNITY ACTION

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

EZ
OMB No. 1545-0047
2022
Open to Public
Inspection
Employer identification number

22-3216424

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

ASSOCIATION, INC.

NEW YORK STATE COMMUNITY ACTION

THE NEW YORK STATE COMMUNITY ACTION ASSOCIATION (NYSCAA) STRENGTHENS

THE CAPACITY OF THE COMMUNITY ACTION NETWORK TO ADDRESS THE CAUSES AND

CONDITIONS OF POVERTY.

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

FORM 990 IS SENT TO THE FINANCE COMMITTEE AND BOARD FOR REVIEW AT A

REGULARLY SCHEDULED MEETING.

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

OFFICERS AND DIRECTORS MUST SIGN ANNUAL CONFLICT OF INTEREST POLICIES AND

THE BOARD IS MADE AWARE OF CIRCUMSTANCES IN WHICH A CONFLICT MAY ARISE.

UPON HIRE, STAFF RECEIVES THE EMPLOYEE POLICY MANUAL WHICH IDENTIFIES

LIMITATIONS ON OUTSIDE EMPLOYMENT AND ACTIVITIES THAT CONFLICT WITH

NYSCAA'S INTEREST OR MISSION.

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

THE BOARD OF DIRECTORS ANNUALLY EVALUATES THE CEO ON HIS/HER PERFORMANCE,

AND ASKS FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE.

THE EXECUTIVE COMMITTEE OF THE BOARD OBTAINS RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL BOARD FOR THE COMPENSATION (SALARY AND BENEFITS) OF THE CEO BASED ON COMPARABILITY DATA. THE EXECUTIVE COMMITTEE SECURES DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.

THIS DATA MAY INCLUDE THE FOLLOWING:

Name of the organization NEW YORK STATE COMMUNITY ACTION ASSOCIATION, INC.	Employer identification number
1) SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPEN	IDENT SOURCES, AND/OR
2) INFORMATION OBTAINED FROM THE IRS FROM 990 FILINGS	OF SIMILAR
ORGANIZATIONS.	
TO APPROVE THE COMPENSATION FOR THE CEO, THE BOARD DOC	UMENTS HOW IT REACHED
ITS DECISIONS, INCLUDING THE DATA ON WHICH IT RELIED,	IN MINUTES OF THE
MEETING IN WHICH THE COMPENSATION WAS APPROVED.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 000 DARM TY I THE 110 OWNED FEEC.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
AUDIT FEES:	C 070
PROGRAM SERVICE EXPENSES	6,278.
MANAGEMENT AND GENERAL EXPENSES	1,022.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,300.
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	352,733.
MANAGEMENT AND GENERAL EXPENSES	18,565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	371,298.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	378,598.

FORM 990, PART, XII, LINE 2C:

NO CHANGES HAVE TAKEN PLACE DURING THE FISCAL YEAR ENDED SEPTEMBER 30,

Schedule O (Form 990) 20 Name of the organization		Page 2
Name of the organization	ASSOCIATION, INC.	Employer identification number 22-3216424