			EXTENDED TO MAY 15,	2023		
	00	0	Return of Organization Exempt I	From I	ncome Tax	OMB No. 1545-0047
For	" 99	U	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			ons) 2021
			Do not enter social security numbers on this form	-		
Depa Interr	artment of th nal Revenue	ne Treasury Service	Go to www.irs.gov/Form990 for instructions and	-	-	Open to Public Inspection
					UN 30, 2022	
	Check if		organization	-	D Employer identifi	
D a	pplicable:		organization			
	Address change	Y 2Y	NETWORK, INC			
	Name change		usiness as		82-17554	23
	Initial return	ŭ		Room/suite	E Telephone numbe	
	Final			424	857-529-	
	_return/ termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,186,558.
	Amended		RIDGE, MA 02139		H(a) Is this a group re	
	Applica-		nd address of principal officer: NDAZIONA NDAFOOKA		for subordinates	
	pending		AS C ABOVE		H(b) Are all subordinates in	
1 1	Tax-exem		X 501(c)(3) \Box 501(c) () ◀ (insert no.) \Box 4947(a)(1) o	or 527		list. See instructions
			Y2YHARVARDSQUARE.ORG		H(c) Group exemptio	
			X Corporation Trust Association Other	I Vear		A State of legal domicile: MA
		Summary				
			e the organization's mission or most significant activities: $\underline{Y}2Y$ 1	NETWOR	K EMPLOYS A	
Ice		OTITH-T	O-YOUTH MODEL TO PROVIDE A SAFE A	ND AFF	TRMING ENVI	RONMENT FOR
Activities & Governance			$x \triangleright$ if the organization discontinued its operations or disposed			
ver						10
ŝ			ting members of the governing body (Part VI, line 1a)			10
Š						41
tie			of individuals employed in calendar year 2021 (Part V, line 2a)			125
iţi	6 To	tal number	of volunteers (estimate if necessary)			0.
Ac			d business revenue from Part VIII, column (C), line 12			0.
	DINE	et unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		-
					Prior Year 2,145,576.	Current Year 1,183,956.
ani			and grants (Part VIII, line 1h)		2,145,570.	1,105,950.
Revenue			ce revenue (Part VIII, line 2g)		468.	2,602.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		400.	2,002.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,146,044.	1,186,558.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		218,387.	75,222.
			nilar amounts paid (Part IX, column (A), lines 1-3)		210,307.	13,222.
			to or for members (Part IX, column (A), line 4)		¥ ·	
ses	15 Sa	alaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ► 160,80		1,071,699.	753,276.
Den	16a Pr	otessional t	undraising fees (Part IX, column (A), line TTe)	66	0•	0.
Expenses		tai tundrais	ng expenses (Part IX, column (D), line 25)		421,629.	337,824.
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,711,715.	1,166,322.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		434,329.	20,236.
<u> </u>	19 Re	evenue less	expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances					ginning of Current Year 1,678,487.	End of Year 1,692,240.
Bala	20 To		Part X, line 16)		70,760.	64,277.
let ⊿ ind	21 To		(Part X, line 26)		1,607,727.	1,627,963.
		et assets or Signature	fund balances. Subtract line 21 from line 20		1,007,727.	1,027,903.
		-	I declare that I have examined this return, including accompanying schedule:	o and atatam	anta and to the heat of m	v knowledge and belief it is
	-					y knowledge and beller, it is
true	, correct, a	and complete	Declaration of preparer (other than officer) is based on all information of wh	lich preparer	nas any knowledge.	
.		Signature	e of officer		Date	
Sig		-				
Her	e		IONA NDAFOOKA, INTERIM EXECUTIVE 1 virint name and title	DIKECI	UK	
			Γ	11	Date Check	PTIN
n - '		rint/Type pre			Onook	
Paic			PRUELL, CPA MICHAEL PRUELL,	CPAU	2/02/23 if self-employ	ed P01585061
Prei			AAFCPAS, INC. 50 WASHINGTON STREET		Firm's EIN	04-2571780
	Only Fi				1	

Use Only	Firm's address	50 WASHIN	NGTON STREET					
	F	WESTBOROU	JGH, MA 01581			Phone no. $508 -$	366-91	00
May the IF	S discuss this re	turn with the prep	arer shown above? See instru	ctions			X Yes	No
132001 12-0	-21 LHA For	Paperwork Redu	ction Act Notice, see the sep	arate instructions.			Form 9	90 (2021)
			ction Act Notice, see the sep ORGANIZATION MI		NT CO	ONTINUATI		90 (2021)

	1990 (2021) Y2Y NETWORK, INC	82-1755423 P
Ра	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: Y2Y NETWORK EMPLOYS A YOUTH-TO-YOUTH MODEL TO PRO	VIDE A SAFE AND
	AFFIRMING ENVIRONMENT FOR YOUNG ADULTS 18-24 EXPE	
	HOMELESSNESS. Y2Y GUESTS HAVE OPPORTUNITIES TO CO	
	SERVICE PROVIDERS, OTHER YOUTH EXPERIENCING HOMEL	ESSNESS, AND STUDENT
2	Did the organization undertake any significant program services during the year which were not list	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra	m services?
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	ations to others, the total expenses, and
	revenue, if any, for each program service reported.	2
4a	OUR MOST SIGNIFICANT ACHIEVEMENTS RELATE DIRECTLY	2.) (Revenue \$ TO THE THREE PILLAR
	OF Y2Y'S MODEL.	
	SANCTUARYIN FY22, Y2Y HARVARD SQUARE SERVED MOR	
	GUESTS. THROUGHOUT THE COVID-19 PANDEMIC, Y2Y HAR	
	TRANSITIONED FROM A 30-DAY STAY POLICY TO AN INDE	
	OUR GUESTS. GREATER THAN 80% OF GUESTS REPORTED T. IS A WELCOMING AND INCLUSIVE SPACE FOR PEOPLE OF .	
	IS A WELCOMING AND INCLUSIVE SPACE FOR PEOPLE OF A	ALL BACKGROUNDS.
	PATHWAYSY2Y HARVARD SQUARE GUESTS HAVE THE OPPO	RTUNTTY TO WORK WITH
	CASE MANAGERS TO ACCESS A WIDE NETWORK OF PARTNER	
	INCLUDING ACCESS TO WEEKLY VISITS FROM A PHYSICIA	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$
) (noverlag v
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4.0	Total program service expenses ► 740,017.	Form 990
4e		Earm 440
	SEE SCHEDULE O FOR CONTINU	
	Image: 12-09-21 SEE SCHEDULE O FOR CONTINU. 22 22 202 715045 11590 2021.05040 Y2Y NETWORK, I	ATION(S)

Y2Y NETWORK, INC Form 990 (2021) Y2Y NETWORK , 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	х	
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 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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? 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	5		
Ū	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,			
-	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? If "Yes," complete	_		
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	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? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			<u>-</u> -
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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 or for foreign individuals? <i>If</i> " <i>Yes</i> ," <i>complete Schedule F, Parts III and IV</i>	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? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	Х	
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 Form 990 (2021)
 Y2Y
 NETWORK ,
 INC

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
3	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
3	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	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? <i>If "Yes," complete Schedule L, Part I</i>	25b		x
6	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
7	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27	x	
8	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
	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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		x
8	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	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a15Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	Eorm	X 990	(202-
	24 2000 ELEOTE 11E00			1202
50	202 715045 11590 2021.05040 Y2Y NETWORK, INC	115	590_	1

Par	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 41			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	-		v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country	4 a		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	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?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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.	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Section 501(c)(7) organizations. Enter:	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	•		
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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	4-		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	10		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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				,

Y2Y NETWORK, INC

Form 990 (2021)

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2021.05040 Y2Y NETWORK, INC

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	Form	990	(2021)
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Y2Y NETWORK, INC

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

	Check if Schedule O contains a response or note to any line in this Part VI				Σ
Sec	tion A. Governing Body and Management				_
			<u> </u>	Yes	1
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	0		
	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 0.				
b	Enter the number of voting members included on line 1a, above, who are independent		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other			
	officer, director, trustee, or key employee?		2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	5		
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or			
	more members of the governing body?		7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	Γ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				Ι
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal I	Revenue Code.)			
				Yes	
0a	Did the organization have local chapters, branches, or affiliates?		. 10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1 1 a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				
	on Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	Γ
14	Did the organization have a written document retention and destruction policy?			X	T
15	Did the process for determining compensation of the following persons include a review and appro				T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
а	The organization's CEO, Executive Director, or top management official		15a	х	L
	Other officers or key employees of the organization				t
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				t
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
104			16a		L
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		. 10a		t
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	· ·			
			16b		ľ
ec	exempt status with respect to such arrangements?				
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MA , CT				
8	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) avail	2
	for public inspection. Indicate how you made these available. Check all that apply.		(3/3 UNI)	, avai	a
		n an Schodula ()			
0		n on Schedule O)	and fine	noial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tay year	conflict of interest policy, a	anu ina	ncial	
0	statements available to the public during the tax year.	ooko and waarista 🏲			
20	State the name, address, and telephone number of the person who possesses the organization's b NDAZIONA NDAFOOKA $- 617-569-5240$	ooks and records P			
	955 MASS AVE. #424, CAMBRIDGE, MA 02139				
			Form	000	15
12006	³ 12-09-21 26		FULU	1 990	(2
50	202 715045 11590 2021.05040 Y2Y NETWORK, I	NC	111	590	
20	202 (10040 121 NEIWORK, 1		<u>тт</u> ;	טכר	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	compensated
	Employees, and Independe	ent Contrac	ctors			

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, 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)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	x, unless person i icer and a directo			is bot	h an	compensation	compensation	amount of
	week					1/11/13		from	from related	other
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	idual	nstitutional trustee	5	Key employee	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			-
(1) CAMERON VAN FOSSEN	40.00									
EXECUTIVE DIRECTOR				Х				126,860.	0.	7,537.
(2) BOB GIANNINO	1.00									
CHAIR		Х		Х				0.	0.	0.
(3) SKYLER BRADER	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) SUE DALELIO	1.00									
DIRECTOR		Х						0.	0.	0.
(5) JAMILA BRADLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) MARIA DOMINGUEZ GRAY	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MINA MAKARIOUS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) GENEVIVE WALKER	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KEVIN JENNINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) SIVA EMANI	1.00									_
DIRECTOR (AS OF 9/2021)		Х						0.	0.	0.
(11) TRE'ANDRE VALENTINE	1.00									_
DIRECTOR (AS OF 9/2021)		Х						0.	0.	0.
(12) AYALA LIVNY	1.00									_
DIRECTOR (LEFT 9/2021)		Х						0.	0.	0.
(13) JACOB HEART	1.00									_
DIRECTOR (LEFT 9/2021)		х						0.	0.	0.
(14) AIMEE HENDRIGAN	1.00									
DIRECTOR (LEFT 10/2021)		Х						0.	0.	0.
122007 12 00 21										Form 990 (2021)

132007 12-09-21

27 2021.05040 Y2Y NETWORK, INC

	990 (2021) Y2Y NETWO									82-1	755	423	P	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees			ghe	st C						
	(A) (B) Name and title Average hours pe week		box, offic	not c unle	ss pe	ition ^{more} rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om th anizat d relat anizati	e ion :ed
	Cubbada								126,860.		0.		75	37.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0. 126,860.		0.			0. 37.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100),000 of reportab	le		Yes	1 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual),							-		3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sı	uch	pers	son .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for										npens			
	(A) Name and business	address	NC	ONE	2			_	(B) Description of s	ervices	С	(C Comper		n
2	Total number of independent contractors (in \$100,000 of compensation from the organia	•	ot lir	nite	d to		se li: D	stec	d above) who received m	nore than				
-	· · · · · · · · · · · · · · · · · · ·											Form	990 (2021)

132008 12-09-21

Form	1 990	0 (2	2021) Y2Y NETWORK,	INC			82-1755	423 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b]			
Am (Fundraising events 1c					
Gifi		d	Related organizations 1d					
ns, Sim			Government grants (contributions) 1e	174,443.				
er (f	All other contributions, gifts, grants, and	000 510				
Oth				<u>,009,513.</u>	-			
hon		-	Noncash contributions included in lines 1a-1f	56,134.	1 102 056			
0 0		h	Total. Add lines 1a-1f		1,183,956.			
•	~	_		Business Code				
Program Service Revenue	2	a b						
Ser		c						
an evel		d						
ogr Be		e						
Pre			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, inter					
			other similar amounts)					
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss)					
			Net rental income or (loss) Gross amount from sales of (i) Securities					
	'	а	assets other than inventory 7a 2 , 602					
		h	Less: cost or other basis					
е			and sales expenses					
evenue		с	Gain or (loss) 7c 2,602					
Re			Net gain or (loss)		2,602.			2,602.
Other Re			Gross income from fundraising events (not					
₹			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8t					
			Net income or (loss) from fundraising events	▶				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses	-				
			Net income or (loss) from gaming activities Gross sales of inventory, less returns	····· P				
	10	a	and allowances	a				
		þ	Less: cost of goods sold 10					
			Net income or (loss) from sales of inventory					
<i>(</i>)		-		Business Code				
e	11	а						
Miscellaneous Revenue		b						
		с						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d					
	12		Total revenue. See instructions	►	1,186,558.	0.	0.	2,602.
13200	9 12-	-09-	-21					Form 990 (2021)

132009 12-09-21

Y2Y NETWORK, 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 res	sponse or note to any line in	this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
 Grants and other assistance to domestic organizati and domestic governments. See Part IV, line 21 	ons 75,222.	75,222.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and fore individuals. See Part IV, lines 15 and 16	ign			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,046.	66,523.	26,610.	39,913.
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	482,524.	327,456.	69,923.	85,145.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	74,802.	48,825.	13,079.	12,898.
10 Payroll taxes		42,534.	8,887.	11,483.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting			81,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25 column (A), amount, list line 11g expenses on Sch	0.) 22,484.	6,716.	9,748.	6,020.
12 Advertising and promotion		2,445		4 0 0 0
13 Office expenses		3,445.	23,939.	4,032.
14 Information technology			1,494.	
15 Royalties		7 052		
16 Occupancy		7,053.	201	
17 Travel		184.	221.	
18 Payments of travel or entertainment expense for any federal, state, or local public officials				
19 Conferences, conventions, and meetings20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,480.	31,480.		
23 Insurance	19,221.	13,132.	4,714.	1,375.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. It line 24e amount exceeds 10% of line 25, column (amount, list line 24e expenses on Schedule 0.)	A),	110 440	7.4	
a PROGRAM SUPPLIES	117,521.	117,447.	74.	
b WRITE-OFF PLEDGE	25,000.		25,000.	
c				
d				
e All other expenses	e 1,166,322.	740,017.	265,439.	160,866.
25 Total functional expenses. Add lines 1 through 24		/40,01/•	205,437.	100,000.
26 Joint costs. Complete this line only if the organizat reported in column (B) joint costs from a combiner				
educational campaign and fundraising solicitation.	^			
Check here Figure 16 (ASC 958-720) if following SOP 98-2 (ASC 958-720)	n –			
132010 12-09-21	7			Form 990 (2021

	rm 990 (2021) Y2Y NETWORK, INC Part X Balance Sheet				82-1755423 Page 11			
ı a				u line in this Dout V				
		Check if Schedule O contains a response or not	e to ar	iy line in this Part X	(A)			
					(A) Beginning of year		End of year	
	1	Cash - non-interest-bearing			1,120,006.	1	1,612,951.	
	2	ů ministrativa se			101.	2	32,048.	
	3	Savings and temporary cash investments			518,598.	2	39,551.	
	4	Pledges and grants receivable, net Accounts receivable, net			510,550.	4	33,331	
	5	Loans and other receivables from any current of						
		trustee, key employee, creator or founder, subs						
		controlled entity or family member of any of the				5		
	6	Loans and other receivables from other disquali				5		
	0	under section 4958(f)(1)), and persons describe				6		
Ś	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9	Prepaid expenses and deferred charges			8,302.	9	7,690.	
		Land, buildings, and equipment: cost or other	 I		• / • • = •	<u> </u>	.,	
		basis. Complete Part VI of Schedule D	102	62,960.				
	ь	Less: accumulated depreciation	10h	62,960.	31,480.	10c	0.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line				12		
	13	Investments - program-related. See Part IV, line				13		
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equ	1,678,487.	16	1,692,240.			
	17	Accounts payable and accrued expenses			70,760.	17	32,330.	
	18	Grants payable		18	,			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
	21	Escrow or custodial account liability. Complete				21	31,947.	
ŝ	22	Loans and other payables to any current or form						
litie		trustee, key employee, creator or founder, subs						
Liabilities		controlled entity or family member of any of the				22		
	23	Secured mortgages and notes payable to unrela		E E E E E E E E E E E E E E E E E E E		23		
	24	Unsecured notes and loans payable to unrelate				24		
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on lines	5 17-24). Complete Part X				
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			70,760.	26	64,277.	
(0		Organizations that follow FASB ASC 958, che	ck hei	re 🕨 🗴				
Ces		and complete lines 27, 28, 32, and 33.						
alan	27	Net assets without donor restrictions			1,306,727. 301,000.	27	1,603,412. 24,551.	
B	28	Net assets with donor restrictions			301,000.	28	24,551.	
ŭ		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 🛄				
г		and complete lines 29 through 33.						
tso	29	Capital stock or trust principal, or current funds				29		
sse	30	Paid-in or capital surplus, or land, building, or ec	luipme	nt fund		30		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31		
Ne	32	Total net assets or fund balances		······ L	1,607,727.	32	1,627,963.	
	33	Total liabilities and net assets/fund balances			1,678,487.	33	1,692,240.	
							Form 990 (2021	

Form **990** (2021)

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Form	1990 (2021) Y2Y NETWORK, INC	82-17	55423	Pag	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	1,186		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,166		
3	Revenue less expenses. Subtract line 2 from line 1	3			36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,607	7 <u>,7</u>	27.
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	1,627	7,9	63.
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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

3

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1(

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

82-1755423

Name of t	he organization	IE
	Y2Y NETWORK, INC	
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	ns.
The organi	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	

	A church, convention of churches		

A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2

	A hospital or	a cooperative	hospital service	organization	described in s	ection	170(b)(1)(A)(iii).
 	/ moopital of	a oooporativo	100001001000	organization			

4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:

5	An organization	perated for the benefit of a college or university owned or operated by a governmental unit described in
	section 170(b))(A)(iv). (Complete Part II.)

- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or
	university:

υL	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
	See section 509(a)(2). (Complete Part III.)

An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting
	 organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

с	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,
	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

• L	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III
	functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following informatio	n about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						
HA For Paperwork Reduction Act I	Notice, see the Instr	ructions for Form 990 c	or 990-EZ.	132021 01	-04-22 Sche	dule A (Form 990) 2021

Schedule A (Form 990) 2021

Y2Y NETWORK, INC

82-1755423 Page 2

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

(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.)

Galendar year (of fixel year beginning in) ► (g) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 10 difts, grants, contributions, and there pade to corresponde on its behalt 300,000.1,171,754.1,528,958.2,145,576.1,183,956.6,330,244. 2 Tax revenues leviced for the organization without charge 300,000.1,171,754.1,528,958.2,145,576.1,183,956.6,330,244. 3 The value of services or facilities apportant organization without charge 462,361. 4 Total, Add lines 1 through 3. 300,000.1,171,754.1,528,958.2,145,576.1,183,956.6,330,244. 5,867,883. 5 The portion of total contributions by each person (differ than a gravemmental unit or publicly supported organization) included on line 1 frace.eded 259.0 (the amount shown on line 1, column (f) 462,361. 5,867,883. 2 Amount from line 4 (a) 2017 (b) 2018 (c) 2020 (c) 2021 (f) Total 7 Amount from line 4 (a) 2017 (b) 2018 (c) 2020.1 (c) 2021 (f) Total 3 On 0.00.1, 1,172,754.1, 1,528,958.2, 1,45,576.1, 1,383,956.6, 330,244. 300,000.1, 1,172,754.1, 5,58,958.2, 1,45,576.1, 1,383,956.6, 330,244. 6,330,244. 8 Cross income from interest, divided, appments necelved on securities and sequenties, etc. (see instruction) 12 (c) 2021 (f) Total 10 Other income, De not include gain or not the busines as	See	ction A. Public Support						
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 meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 	17a							
 b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 		•		-	-		VI how the organiz	ation
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			-		• • • •			
organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Image: Second Sec	b		-					10% or
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		-						
		-		-				
	18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

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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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
,							
	furnished by a governmental unit to						
~	the organization without charge						
	Total. Add lines 1 through 5						
<i>(</i> a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
ale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9	Amounts from line 6						
0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
~	Add lines 10a and 10b						
	Net income from unrelated business						
-	activities not included on line 10b,						
	whether or not the business is						
•	regularly carried on						
Z	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
4	First 5 years. If the Form 990 is for the	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						▶∟
e	ction C. Computation of Public	c Support Pe	ercentage				
5	Public support percentage for 2021 (lin	ne 8, column (f), d	divided by line 13,	column (f))		15	%
6	Public support percentage from 2020	Schedule A, Part	: III, line 15			16	%
e	ction D. Computation of Invest	tment Incom	e Percentage				
7	Investment income percentage for 202	1 (line 10c, colui	mn (f), divided by l	ine 13, column (f))		17	%
8	Investment income percentage from 20	20 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the c					33 1/3%, and	d line 17 is not
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2020. If the c						1/3%, and
~	line 18 is not more than 33 1/3%, chec						
n	Private foundation. If the organization						
		did not check a	50X 011 III C 14, 18		113 DUN ANU 300 III		dule A (Form 990) 2021
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				33			
50	202 715045 11590	20	21.05040	35 727 NETWO	RK TNC		11590 1

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2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

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		Z-1/554Z	2 Pa	ige 5
Pa	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?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		L
Sec	uon B. Type I Supporting Organizations			
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> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supp</i> organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	icers, orted the	Yes	No
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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			
	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			
	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		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	y (see instructio	ns).	
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.	2a		

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 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.

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2b

3a

Schedule A (Forr	n 990) 202
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Y2Y	NETWORK,	INC

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

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) 2021

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Secti	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex	empt purposes	1			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported				
	organizations, in excess of income from activity		2			
3	Administrative expenses paid to accomplish exempt purpor	ses of supported organizations	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - p	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 organization is responsive				
	(provide details in Part VI). See instructions.		8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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<u> 3chedul</u> e A (Form 990) 2021	Y2Y	NETWORK,	INC		82-1755423 _{Page}
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	lines 1, 2, 3b, 3 tion D, lines 2 ar	c, 4b, 4c, 5a, 6, 9 nd 3; Part IV, Sec	9a, 9b, 9c, 11a tion E, lines 1	uired by Part II, line 10; Part II, line 1 a, 11b, and 11c; Part IV, Section B, li c, 2a, 2b, 3a, and 3b; Part V, line 1; F 6. Also complete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
	(See Instructions.)					
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Name of the organization

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Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

11590__1

OMB No. 1545-0047

Employer identification number

	Y2Y NETWORK, INC	82-1755423					
Par		ed Funds or Other Similar Funds o					
	organization answered "Yes" on Form 990, Part IV, lin						
	3	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year		()				
2	Aggregate value of contributions to (during year)						
-							
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year Did the organization inform all donors and donor advisors in		funda				
5		5					
~	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
Der							
Par			t IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat						
	Preservation of land for public use (for example, recrea		nistorically important land area				
	Protection of natural habitat	Preservation of a c	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired						
	listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax				
	year ►						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements i	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser	vation easements during the year				
	▶						
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservatio	n easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above						
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation	-					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statement	ts that describes the				
Der	organization's accounting for conservation easements.	f Aut Ilistaniaal Trassuras, or Oth	ar Cimilar Acceta				
Par	t III Organizations Maintaining Collections o		er Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1 a	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pul		nerance of public				
	service, provide in Part XIII the text of the footnote to its final						
b	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre	-	ain, provide				
	the following amounts required to be reported under FASB A						
	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021				
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		41					

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Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical	Treasures,	or Oth	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of	the following the	at make s	significant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	d		exchange progra						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co		-	-			e in Par	t XIII.		
5	During the year, did the organization solicit or									
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arrand							Yes		No
1 0	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part		ete il the organiz	ation answered	res or	i Forni 990,	Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodia		liany for contribu	tions or other as	sets not	included				
ia	on Form 990, Part X?		•					Yes	X	No
b	If "Yes," explain the arrangement in Part XIII a						····· –			
~			lietting table.					Amoun	t	
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
	Did the organization include an amount on Fo						X	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	een provided on	Part XII				X	
Par	t V Endowment Funds. Complete if	the organization an								
	_	(a) Current year	(b) Prior year	(c) Two year	rs back	(d) Three yea	ars back	(e) Four	years t	back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the curre	ant year and balana								
2	Board designated or quasi-endowment	ent year end balanc	%	in (a)) neiù as.						
a b	Permanent endowment	%								
	Term endowment > 9									
Ŭ	The percentages on lines 2a, 2b, and 2c should be the second seco	-								
3a	Are there endowment funds not in the posses		ation that are he	ld and administe	ered for t	he organiza	tion			
	by:							[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990), Part IV, line 11	a. See Form 990), Part X	, line 10.				
	Description of property	(a) Cost or of basis (investm	• • •	ost or other sis (other)	• •	ccumulated preciation		(d) Boo	k value)
1a	Land									
b	Buildings									
	Leasehold improvements									
d	Equipment					<u> </u>				
	Other			62,960.		62,96	U.			0.
Tota	Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B), lii	ne 10c.)						0.

Schedule D (Form 990) 2021

132052 10-28-21

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or enc	I-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.	an Fairs 000 Bart N/ Kar		
Complete if the organization answered "Yes"			f
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or enc	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.		Ť	
	on Form 000 Part IV line	11d See Form 000 Part V line 15	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (1)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description		
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

INC

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 Y2Y NETWORK, INC			82-	1755423 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,198,512.
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	11,954.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines 2a through 2d			2e	11,954.
3	Subtract line 2e from line 1			3	1,186,558.
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	. 4 a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				1,186,558.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		I Expenses per	Retu	rn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
Pa 1		a.		Retu	rn. 1,178,276.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 			
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a. 			
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2a			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 			
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	11,954.		1,178,276.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c 2d	11,954.		1,178,276.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	11,954.	1	1,178,276.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	11,954.	1 2e	1,178,276.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 2a 2b 2c 2d	11,954.	1 2e	1,178,276.
1 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 2d	11,954.	1 2e	1,178,276. 11,954. 1,166,322.
1 2 3 4 4 b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 4a 4b	11,954.	1 2e 3 4c	<u>1,178,276.</u> <u>11,954.</u> <u>1,166,322.</u> 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 4a 4b	11,954.	1 2e 3	1,178,276. 11,954. 1,166,322.

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 IV, LINE 2B:

IN JUNE 2021, Y2Y BEGAN PARTNERING WITH THE BOSTON AREA YOUTH - CASH
ASSISTANCE FOR STABLE HOUSING PROGRAM ("BAY-CASH"), A PILOT PROGRAM THAT
WILL PROVIDE DIRECT CASH TRANSFERS, ALONG WITH TARGETED SUPPORTIVE
SERVICES, TO YOUTH AND YOUNG ADULTS EXPERIENCING HOMELESSNESS IN GREATER
BOSTON. DURING THE PRE-IMPLEMENTATION PHASE, Y2Y ESTABLISHED A BANK
ACCOUNT TO DEPOSIT START-UP FUNDS FOR BAY-CASH. AS OF JUNE 30, 2022,
\$31,947 WAS HELD IN CUSTODY FOR BAY-CASH AND IS REFLECTED IN THE
STATEMENTS OF FINANCIAL POSITION AS CASH AND OTHER PAYABLES.

FOR THE YEAR ENDED JUNE 30, 2022, AMOUNTS RECEIVED FOR THE BENEFIT OF AND

DISBURSED TO BAY-CASH ARE NEITHER REFLECTED IN THE STATEMENTS OF

Part XIII Supplemental Information (continued)

ACTIVITIES AND CHANGES IN NET ASSETS NOR IN THE STATEMENTS OF FUNCTIONAL EXPENSES.

SUBSEQUENT TO JUNE 30, 2022, THE ORGANIZATION ENTERED INTO A FISCAL SPONSORSHIP AGREEMENT WITH BAY-CASH. THE ORGANIZATION WILL ACCEPT FUTURE GRANTS AND DONATIONS INTENDED FOR BAY-CASH, WHICH WILL BE INITIALLY REFLECTED AS NET ASSETS WITH DONOR RESTRICTIONS IN THE ORGANIZATION'S FINANCIAL STATEMENTS. UPON THE ORGANIZATION'S APPROVAL, AMOUNTS WILL BE GRANTED TO BAY-CASH AND REPORTED AS GRANT EXPENDITURES IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

PART X, LINE 2:

THE AGENCY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE AGENCY HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2022. THE AGENCY'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND MASSACHUSETTS JURISDICTIONS.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.										
Name of the organization		-					Employer identification number				
Y2Y NETWO	-						82-1755423				
 Does the organization maintain records a criteria used to award the grants or assis Describe in Part IV the organization's pro- 	to substantiate the stance?	-									
Part II Grants and Other Assistance to recipient that received more than s	. –				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance				
PHILLIPS BROOKS HOUSE ASSOCIATION 1 HARVARD YARD CAMBRIDGE, MA 02138	04-6046123	501C3	28,935.	0.			OPERATING SUPPORT				
YOUTH CONTINUUM 924 GRAND AVE, NEW HAVEN, CT 06511	06-0848949	501C3	46,287.	0.			CAPITAL CAMPAIGN				
		C									
				<u> </u>							
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	I e line 1 table				2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 • 2 •				

Schedule I (Form 990) 2021

Y2Y NETWORK, INC

82-1755423

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.	

PART I, LINE 2:

Y2Y RECEIVES A DETAILED P&L FROM PBHA THAT SUPPORTS THE GRANT Y2Y PROVIDES

TO Y2Y HSQ. ADDITIONALLY, Y2Y STAFF WORKS CLOSELY WITH PBHA THROUGHOUT THE

YEAR IN HELPING OPERATE THE SHELTER AND HAS A BUDGETING PROCESS FOR THE

SHELTER IN WHICH Y2Y AND PBHA PARTICIPATE.

Y2Y STAFF AND STUDENT VOLUNTEERS IN NEW HAVEN ARE VERY INVOLVED IN THE

ONGOING WORK TO PLAN AND DESIGN THE NEW SHELTER THAT WILL BE OWNED AND

MANAGED BY YOUTH CONTINUUM IN A Y2Y STUDENT LED MODEL. Y2Y STAFF IS ALSO

Part IV Supplemental Information

INVOLVED IN DEVELOPING THE CAPITAL BUDGET, HIRING THE PROJECT MANAGER AND

IN THE CAPITAL CAMPAIGN TO FUND THE PROJECT.

Schedule I (Form 990)

(Form 990)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047
2021

Department of the Treasury Internal Revenue Service		 Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. 							Open To Public Inspection							
Name of the organizatio								ident	ificati	on nu	mber					
	Y2Y NE												554	23		
Part I Excess I	Benefit Trans	sactio	ns (section 5	01(c)(3), secti	ion 501	(c)(4), and s	ectic	on 501(c)(29) orga	nizatio	ons o	nly).			
Complete i	f the organizatio						ne 25a or 25	ōb, o	r Form 990-I	EZ, Pa	art V, I	ine 40)b.			
1 (a) Name of disqual	ified person		lationship bet person and o			lified		(c) D	escription o	f trans	sactio	n		(d) Corrected		
	-		person and o	Igailiza										<u> </u>	es	No
														_		
														-		
2 Enter the amount o	f tax incurred by	the org	anization mar	nagers	or disc	qualified	d persons d	uring	the year ur	nder						
section 4958												▶ \$				
3 Enter the amount o	f tax, if any, on l	ine 2, at	oove, reimburs	sed by	the or	ganizat	ion				I	▶ \$				
Part II Loans to	and/or From	n Into	rested Per	eone												
	f the organization					Dart V	line 38a or	For	n 000 Part	IV lin	- 26· (or if th		nizati	on	
•	n amount on For					, rait v	, iii le 30a 01	1 OII	11330, 1 art	iv, mi	e 20, t	51 11 11	le orga	inzati	011	
(a) Name of	(b) Relatio		(c) Purpose	(d) Loa	an to or	(e)	Original	(1	i) Balance d	ue	(g)	In	(h) App by boa	proved	(1) **	ritten
interested person	with organ	zation	of loan	from organiz	the zation?		pal amount		default			comm		agree	ment?	
				То	From						Yes	No	Yes	No	Yes	No
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Total			C.C. L.L.	. <u></u>	-1 D -	<u></u>	🕨 🖇	6								
	or Assistance		-													
(a) Name of intere	f the organization							:	(a)	Туре		_			ose of	
(a) Name of Intere	sted person		Relationship nterested pers the organiza	son and		(0	assistance			istanc				assista		
MARIA DOMING		MAD	IA DOMI		D 7		28 07	2 5	GRANT	ΠO	יםם	<u>170</u>	סדס	<u>א ה ד</u>		
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2021

SEE PART V FOR CONTINUATIONS

132131 11-02-21

Schedul		TWORK, INC		82-1755	5423	Page 2
Part I	V Business Transactions Involv	ing Interested Persons.				
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	1		wing of
	(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	òrganiz	aring of zation's
		person and the organization	transaction	transaction	rever	1
					Yes	No
					1	
Dort V						
Part V	Supplemental Information. Provide additional information for response	procesto questione en Sebedulo I. (con	instructions)			
	Provide additional information for respo	inses to questions on Schedule L (see	instructions).			
SCH 1	L, PART III, GRANTS OR	ASSISTANCE BENEFIT	TING INTERE	STED PERSON	IS:	
(A)]	NAME OF PERSON: MARIA	DOMINGUEZ CDAV				
(д)	NAME OF FERSON. MARIA	DOMINGOEZ GRAI				
(B) 1	RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
MART	A DOMINGUEZ GRAY IS TH	E E.D. OF PBHA. A G	RANT RECIPI	ENT OF Y2Y.		
(C) 2	AMOUNT OF GRANT \$ 28,	935.				
(D) '	TYPE OF ASSISTANCE: GR	ANT TO PBHA				
(E)]	PURPOSE OF ASSISTANCE:	ODEDATION OF V2V H		DF		
(11)	FORFOSE OF ASSISTANCE.	OPERATION OF 121 II	ARVARD SQUA			
(A)]	NAME OF PERSON: MINA M	AKARIOUS				
(B)]	RELATIONSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAI	ION:		
мтма	MAKARIOUS IS A BOARD	MEMBER OF DURA A C		FNT OF V2V		
			KANI KECIFI	ENI OF 121.		
(C) 2	AMOUNT OF GRANT \$ 28,	935.				
(D) '	TYPE OF ASSISTANCE: GR	ANT TO PBHA				
(E)]	PURPOSE OF ASSISTANCE:	OPERATION OF Y2Y H	ARVARD SOUA	RE		
<u> </u>			~~~			

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 202

Department of the Treasury Internal Revenue Service

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

Open to Public . Inspection

Employer identification number

Name	of the	organization
------	--------	--------------

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

Y2Y	2Y NETWORK,	INC

	Y2Y NETWORK,	INC				82-17	554	23	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of deter ncash contributio		•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	1	56,134.	FMV				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other () Other ()								
26	· · · · · · · · · · · · · · · · · · ·								
27	Other ()								
28	Other ()	l	 						
29	Number of Forms 8283 received by the organi for which the organization completed Form 82								
	for which the organization completed Form 82	00, Part V, L	Donee Acknowledg	ement 29				(00)	Na
200	During the year did the organization reasive h	v oontributiv	an any proporty ro	aartad in Dart L linaa 1 thrau	ah 20 +4	not it	'	res	No
30a	During the year, did the organization receive b must hold for at least three years from the dat								
	exempt purposes for the entire holding period					2	0a		х
h	If "Yes," describe the arrangement in Part II.	۰							
31		nolicy that r	equires the review	of any nonstandard contribu	itions?		24		Х
	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Data Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						,	-	
	contributions?		•				2a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	column (c) fo	r a type of propert	y for which column (a) is che	cked,				
	describe in Part II.								
	For Paparwork Paduction Act Natica, soo	the Instruct	tions for Form 00	0		Schodulo M (E		0001	0004

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

82-1755423 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

132142 11-17-21 Schedule M (Form 990)) 2021
52	

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. OMB No. 1545-0047

Employer identification number 82 - 1755423

Y2Y NETWORK, INC

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

YOUNG ADULTS 18-24 EXPERIENCING HOMELESSNESS. Y2Y GUESTS HAVE

OPPORTUNITIES TO COLLABORATE WITH SERVICE PROVIDERS, OTHER YOUTH

EXPERIENCING HOMELESSNESS, AND STUDENT VOLUNTEERS TO CREATE SUSTAINABLE

PATHWAYS OUT OF HOMELESSNESS AND DEVELOP SKILLS FOR LONG-TERM SUCCESS.

Y2Y PROVIDES OPPORTUNITIES FOR BOTH GUESTS AND VOLUNTEERS TO BECOME THE

NEXT GENERATION'S LEADING ADVOCATES FOR YOUTH-DRIVEN SOLUTIONS TO

HOMELESSNESS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: VOLUNTEERS TO CREATE SUSTAINABLE PATHWAYS OUT OF HOMELESSNESS AND DEVELOP SKILLS FOR LONG-TERM SUCCESS. Y2Y PROVIDES OPPORTUNITIES FOR BOTH GUESTS AND VOLUNTEERS TO BECOME THE NEXT GENERATION'S LEADING ADVOCATES FOR YOUTH-DRIVEN SOLUTIONS TO HOMELESSNESS.

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

HEALTHCARE FOR THE HOMELESS PROGRAM. ADDITIONALLY, DUE TO THE ADDED

HARDSHIP THAT COVID-19 PRESENTED FOR YOUNG PEOPLE EXPERIENCING

HOMELESSNESS, Y2Y NETWORK PARTNERED WITH THE CAMBRIDGE HOUSING

AUTHORITY TO EXPAND ACCESS TO SECTION-18 HOUSING VOUCHERS FOR OUR

GUESTS. THROUGH THIS PARTNERSHIP, Y2Y NETWORK HAS SUCCESSFULLY PLACED

GUESTS INTO PERMANENT AFFORDABLE HOUSING.

ADVOCACY AND LEADERSHIP DEVELOPMENT--IN FY22, OUR STUDENT STAFF AND

GUESTS HAVE JOINED PROTEST EFFORTS TO END POLICE BRUTALITY AS WELL AS

CONTINUED CONVERSATIONS WITH COMMUNITY MEMBERS AND LEGISLATORS

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211 11-11-21
 Schedule O (Form 990) 2021

16250202 715045 11590

53 2021.05040 Y2Y NETWORK, INC

Name of the organization Y2Y NETWORK, INC	Employer identification number 82-1755423
REGARDING POLICIES TO END YOUTH HOMELESSNESS. ADDITIONAL	LY, IN FY22 Y2Y
NETWORK CONTINUED AS THE FISCAL SPONSOR FOR THE BOSTON AN	REA YOUTH CASH
TRANSFER PROGRAM (BAY CASH) A LOCAL PROGRAM THAT WILL TRA	ANSFER CASH
DIRECTLY TO YOUTH EXPERIENCING HOMELESSNESS IN THE GREAT	ER BOSTON AREA.

FORM 990, PART V, LINE 13, LIST OF STATES WITH QUALIFIED HEALTH PLANS: MA,CT

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

A COPY OF THE FORM WILL BE PROVIDED TO ALL MEMBERS OF THE FINANCE/AUDIT COMMITTEE. THE FINANCE/AUDIT COMMITTEE WILL HAVE A CHANCE TO RAISE ANY QUESTIONS OR CONCERNS. AFTER A FULL REVIEW, THE 990 IS PROVIDED TO THE FULL BOARD AND THEY HAVE A SET TIME PERIOD TO RAISE ANY QUESTIONS OR CONCERNS. AFTER THAT TIME PERIOD PASSES, THE 990 IS FINALIZED AND FILED.

FORM 990, PART VI, SECTION B, LINE 12C: MEMBERS OF THE BOARD OF DIRECTORS AND MANAGEMENT ARE REQUIRED TO COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM.

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

THE EXECUTIVE DIRECTORS' PERFORMANCE IS EVALUATED ANNUALLY BY THE

COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE ANNUALLY REVIEWS AND

SETS THE EXECUTIVE DIRECTORS' COMPENSATION AND BENEFITS WITH REFERENCE TO

COMPARABLES OF SIMILAR AGENCIES AND NON-PROFIT ORGANIZATIONS.

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

UPON REQUEST

132212 11-11-21

Name of the organization Y2Y NETWORK, IN	C	Employer identification num 82-1755423
		02 1,00120
FORM 990, PART XII, LINE 2C:		
Y2Y HAS A BOARD OF DIRECTORS	THAT ASSUMES RESPONSIBIL	ITY FOR SELECTING
INDEPENDENT ACCOUNTANTS, OVER	SIGHT OF THE AUDIT AND R	EVIEW AND APPROVAL
OF THE AUDITED FINANCIAL STAT	EMENTS.	
32212 11-11-21		Schedule O (Form 990)
	55 021.05040 Y2Y NETWORK, II	

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

-	Filo a	congrato	application	for each	roturn
	Flie a	Sevarate	application	IUI Eacli	return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	or Name of exempt organization or other filer, see instructions. Tax				Taxpayer identification number (TIN)			
print	Y2Y NETWORK, INC					82-1755423		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 955 MASS AVE • , 424	ee instruc	tions.					
	instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CAMBRIDGE, MA 02139							
Enter the	e Return Code for the return that this application is for (fil	e a separa	te application for each return)				0 1	
Applica	tion	Return	Application				Return	
ls For		Code	Is For				Code	
Form 99	0 or Form 990-EZ	01	Form 1041-A				08	
Form 47	20 (individual)	03	Form 4720 (other than individual)				09	
Form 99	0-PF	04	Form 5227				10	
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 99	0-T (trust other than above)	06	Form 8870				12	
Form 99	0-T (corporation) NDAZIONA NDAFO	07						
Telep If the If this box I Irr	equest an automatic 6-month extension of time until e organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2021 he tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Ur Group Exe and atta MA anization's , an check reas	emption Number (GEN) ich a list with the names and TINs o Y 15, 2023, to file s return for: d ending JUN 30, 2022 on: Initial return	If this is fo f all memb e the exen	r the whole <u>o</u> eers the exten npt organizat	nsion is f	or.	
an	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	-	·	3a	\$		0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069						0	
estimated tax payments made. Include any prior year overp					\$		0.	
	lance due. Subtract line 3b from line 3a. Include your pa		with this form, if required, by			•		
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$		0.	
Caution instruction	: If you are going to make an electronic funds withdrawal ons.	(direct de	bit) with this Form 8868, see Form 8	3453-TE ar	nd Form 887	9-TE for p	payment	
I HA	For Privacy Act and Paperwork Beduction Act Notice.	see instr	uctions		Form 8	8868 (Rev	/ 1-2022)	

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