Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

ΑF	or the	2023 calendar year, or tax year beginning and	ending		
B c	heck if	C Name of organization		D Employer identific	cation number
	Addres	ROCKLAND YOUTH EMPOWERMENT CENTER			
	Name change	Doing business as		84-32281	36
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 257 S. MIDDLETOWN ROAD	Room/suite	E Telephone number (845) 31	
	∟return/ termin ated			G Gross receipts \$	201598.
	Ameno	, , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
	Application			for subordinates	
	pendin			H(b) Are all subordinates in	
I T	27-676	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	or 527	1	list. See instructions
	Vebsit	· · · · · · · · · · · · · · · · · · ·	021	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: NY
Pa	art I	Summary	L Tour	01101111111111111111111111111111111111	otate or logar dominone, = v =
	_	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PI}$	ROVIDE	NON-CUSTOD	IAL PARENTS
Se	Ι΄.	AN OPPORTUNITY TO MEET WITH THEIR CHILDRE			
Governance	2	Check this box if the organization discontinued its operations or dispos		-	
Ver	3			3	5
ဗွ	4	Number of independent voting members of the governing body (Part VI, line 1b)			5
oŏ v		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			19
ij		Total number of volunteers (estimate if necessary)			0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
d)	8	Contributions and grants (Part VIII, line 1h)		125768.	123816.
ñ	9	Program service revenue (Part VIII, line 2g)		16954.	74732.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	2450.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		142722.	200998.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		125632.	95797.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		8452.	0.
e b	b	Total fundraising expenses (Part IX, column (D), line 25)	08.		
ω	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		23700.	97730.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		157784.	193527.
		Revenue less expenses. Subtract line 18 from line 12		-15062.	7471.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		47243.	44443.
t As	21	Total liabilities (Part X, line 26)		19562.	9290.
2,5	22	Net assets or fund balances. Subtract line 21 from line 20		27681.	35153.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules		· · ·	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.	
		Signature of officer		I Date	
Sigı 				Date	
Her	е	GILLIAN BALLARD, Executive Director Type or print name and title			
			Tr	Date Check	X PTIN
Paid		Print/Type preparer's name MARK KOTLAROFF CPA MARK KOTLAROFF C		0/31/24 self-employ	
	arer	Firm's name MARK KOTLAROFF CPA PC		7-1807953	
	Only	Firm's address 18 LAUREL ROAD		FIIIII S EIN Z	, 100///
550	Jiiiy	NEW CITY, NY 10956		Phone no 84	5-709-8860
May	the IE	S discuss this return with the preparer shown above? See instructions		I i none no. O =	
·viay					

Page 2

Pa	Statement of Program Service Accor	-		
	Check if Schedule O contains a response or note	e to any line in this Part III		
1	Briefly describe the organization's mission:			
	TO PROVIDE NON-CUSTODIAL PAR			
	CHILDREN IN A SAFE, CHILD-FE		<u>IMENT UNDER THE SUPERV</u>	<u> ISION </u>
	OF COURT APPROVED SUPERVISOR	RS.		
2	Did the organization undertake any significant program	services during the year whi	ich were not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signific	cant changes in how it condu	ucts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	g		
4	Describe the organization's program service accomplis	hments for each of its three	largest program services, as measured by	avnancas
-	Section 501(c)(3) and 501(c)(4) organizations are requir			•
	revenue, if any, for each program service reported.	ed to report the amount of g	rants and anocations to others, the total ex	rperises, ariu
4-	0.5040) (0	26906.)
4a	(Code:) (Expenses \$ 86843 SUPERVISED VISITATION PROGRA			
	OPPORTUNITY TO MEET WITH THE			
	ENVIRONMENT UNDER THE SUPERV	TISTON OF COURT	APPROVED SUPERVISORS	•
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$	1
	/ (Expenses #) (November —	
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants or	f\$) (Revenue \$)
4e	Total program service expenses	86843.		
				Form 990 (2023)

Form 990 (2023) ROCKLAND YOUTH EMPOWERMENT CENTER Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
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		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5		18		х
19	1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	,	10		х
20-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		_
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2023) ROCKLAND YOUTH EMPOWERMENT CENTER

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_X_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	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? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	_X_
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
0_	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ui	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is contidued to containe a response of flote to any line in this fact v		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990 (2023) ROCKLAND YOUTH EMPOWERMENT CENTER

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

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	•	2b	Х	
	D. I			За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization 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 contribution	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			.,
	to file Form 8282?	 I – .	 T	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file for		200 oo roquirod?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			,,,		
Ü		•		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the arranging agreement and a great to the latest the street and a continue 10000			9a		
b	Did the control in a control in a color of the time to a decomplete of the color of			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	•			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.					
р	Enter the amount of reserves the organization is required to maintain by the states in which the	1406	1			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	•	14a		Х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			טדי		
	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х
. •	If "Yes," complete Form 4720, Schedule O.			-		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	s			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

ROCKLAND YOUTH EMPOWERMENT CENTER 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				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_5			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	.			
·	of officers, directors, trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
		- 1	6		X
6			0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		_		v
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				37
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	.	8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. [11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
_	on Schedule O how this was done		12c		Х
13	Did the organization have a written whistleblower policy?	- 1	13	Х	
14		- 1	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent		17		
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
			45-		v
	The organization's CEO, Executive Director, or top management official		15a		X
a	Other officers or key employees of the organization		15b		Λ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		46		v
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and	financ	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	TAXPAYER - (845) 317-0311				
	257 S. MIDDLETOWN ROAD, NANUET, NY 10954				

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

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

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

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

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

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

(A) Name and title	(B) Average	(do	not c	Pos heck	more	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unles	ss pei	rson i	s both or/trus	n an	compensation from	compensation from related	amount of 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)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) GILLIAN BALLARD	20.00	1						40500		
CEO	1 00			Х				10500.	0.	0.
(2) LEE ROBERTS	1.00	- -							_	0
CHAIR (3) EDWARD BRIGNONI	20 00	Х						0.	0.	0.
V. CHAIR	20.00	х						0.	0.	0.
(4) LOU PROFENNA	1.00								<u> </u>	
Treasurer		Х						0.	0.	0.
(5) JENNIFER SISLIN	1.00									
REC. SEC		Х						0.	0.	0.
		_								
		_								
		-	-	\vdash	-	-				
-	I.	ĺ		l	I	L	<u> </u>	<u> </u>		= 000 (acca)

Part VII Section A. Officers, Directors,	(B)	PiOy	 5,	and (C		gries				Ī		(E)	
(A)	(B) Average			ر Posi	•	1		(D)	(E)			(F)	J
Name and title	hours per		not c	heck i	more	than o		Reportable compensation	Reportable compensatio			mated ount o	
		week box, unless person is both an officer and a director/trustee)						from	from related			ther	
	(list any	tor						the	organizations	- 1	comp		on
	hours for	direc				- -		organization	(W-2/1099-MIS			m the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		orga	nizatio	n
	organizations	trust	nal tru		yee	om pe		1099-NEC)	,	and related			
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c loyee	ner			organizations			
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former						
		-											
		-											
		1											
1b Subtotal								10500.		0.			0.
c Total from continuation sheets to Pa	art VII, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								10500.		0.			0.
2 Total number of individuals (including	but not limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			0
compensation from the organization											1	/es	No
3 Did the organization list any former of	ficer, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J	for such individual									[3		Х
4 For any individual listed on line 1a, is t													
and related organizations greater than	\$150,000? If "Yes,	," со	mple	ete S	Sche	edule	Jf	or such individual		[4		Х
5 Did any person listed on line 1a receive													
rendered to the organization? If "Yes." Section B. Independent Contractors	" complete Schedul	e J f	or su	ıch <u>r</u>	oers	on .					5		X
Complete this table for your five highe	st compensated inc	dene	nder	nt cc	ntra	actor	rs th	nat received more than \$	100 000 of comp	ensat	ion fror	n	
the organization. Report compensation													
(A Name and busi		NI	ONE	7				(B) Description of s	ervices	C	(C) ompens		
Traine and sach	11000 addi 000	11/	JIVI					Becompaign or e	0111000		ompon.		
2 Total number of independent contract		ot lir	nited	d to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the or	rganization				C)					_ ^	00	
											Form 9	3U (2)	122

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			Check if Schedule O contains a respons	se or	note to any lin	e in this Part VIII			
			Officer if Generalic G contains a respons	30 01	Tiote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$									Sections 512 - 514
nts nts	1		Federated campaigns 1a						
iz a			Membership dues 1b						
S, C		С	Fundraising events 1c						
ij k		d	Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e		37816.				
Sign		f	All other contributions, gifts, grants, and						
he			similar amounts not included above 1f		86000.				
를		a	Noncash contributions included in lines 1a-1f		60000.				
Š		_	Total. Add lines 1a-1f			123816.			
<u> </u>		<u></u>	Total / Ida III oo Ta II	F	Business Code				
_	_	_	CONTRACTED SERVICES	_	240000 0040	47826.	47826.		
ice			SERVICE FEES	- -		26906.	26906.		
er ue				- -		20900.	20300.		
n S		С		- -					_
Ja Se		d		- ⊦					
Program Service Revenue		е		_					
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			74732.			
	3		Investment income (including dividends, inte	erest	, and				
			other similar amounts)						
	4		Income from investment of tax-exempt bond						
	5		Royalties						
			(i) Real		(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of (i) Securitie	es	(ii) Other				
	•	а	assets other than inventory 7a	-	() 55.				
		L	Less: cost or other basis						
•		D							
ž			and sales expenses						
e e			Gain or (loss) 7c						
her Revenue			Net gain or (loss)	····					
	8	а	Gross income from fundraising events (not						
ŏ			including \$ of						
			contributions reported on line 1c). See		22-2				
			, -	8a	3050.				
				8b	600.				
		С	Net income or (loss) from fundraising events	s		2450.			2450.
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	I	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			and allowances1	10a					
		b		10b					
			Net income or (loss) from sales of inventory						
					Business Code				
sno	11	а							
Miscellaneous Revenue	••	a b							
lla ven									
Sce		۲ C	All other revenue						
Ĕ			All other revenue						
		e	Total. Add lines 11a-11d			200998.	74720	^	2450
	12		Total revenue. See instructions			⊿∪∪ ∀∀ŏ•	74732.	0.	2450.

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1575. 10500. 7875. 1050. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 77544. 58158. 11632. 7754. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 7753. 5815. 1163. 775. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 64745. 64745. column (A), amount, list line 11g expenses on Sch O.) 166. 166. Advertising and promotion 12 3289. 822. 2138. 329 Office expenses 13 Information technology 14 15 Royalties 6367. 4775. 1592. 16 Occupancy 80. 80. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 10865. 7022. 3843. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 6984. 6984. CONTRACT SERVICES **JANITORIAL** 3240. 1620. 1620. 1179. 589. 590. TELEPHONE 815. 815. FEES AND LICENSES All other expenses 193527. 86843. 96776. 9908. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X | Balance Sheet

Par	t X	Balance Sheet							
		Check if Schedule O contains a response or	note to	any line	in this Part X				
							(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					12600.	1	16067
	2	Savings and temporary cash investments			2				
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net		22828.	4	18957			
	5	Loans and other receivables from any current							
		trustee, key employee, creator or founder, su	ubstanti	al contri	butor, or 35%				
		controlled entity or family member of any of t		5					
	6	Loans and other receivables from other disqu							
		under section 4958(f)(1)), and persons describ	ibed in s	section 4	1958(c)(3)(B)	L		6	
ပ္သ	7	Notes and loans receivable, net				L		7	
Assets	8	Inventories for sale or use						8	
8	9	Prepaid expenses and deferred charges					1301.	9	5191
	10a	Land, buildings, and equipment: cost or othe							
		basis. Complete Part VI of Schedule D	10)a		0.			
	b	Less: accumulated depreciation	10)b			0.	10c	
	11	Investments - publicly traded securities				L		11	
	12	Investments - other securities. See Part IV, lin						12	
	13	Investments - program-related. See Part IV, lin	L		13				
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		10514.	15	4228			
	16	Total assets. Add lines 1 through 15 (must e					47243.	16	44443
	17	Accounts payable and accrued expenses	L		17	4092			
	18	Grants payable				[18	
	19	Deferred revenue			19				
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Comple			21				
ပ္	22	Loans and other payables to any current or for	ormer c	fficer, di	rector,				
<u> </u>		trustee, key employee, creator or founder, su	ubstanti	al contri	butor, or 35%				
Liabilities		controlled entity or family member of any of t	these p	ersons		L		22	
-	23	Secured mortgages and notes payable to uni	related	third par		- 1		23	
	24	Unsecured notes and loans payable to unrela	ated thi	rd partie	s	L		24	
	25	Other liabilities (including federal income tax,	, payab	es to rel	ated third				
		parties, and other liabilities not included on lin	ines 17	24). Con	nplete Part X				
		of Schedule D				L	19562.	25	5198
	26	Total liabilities. Add lines 17 through 25					19562.	26	9290
		Organizations that follow FASB ASC 958, o	check l	nere	X				
Ses		and complete lines 27, 28, 32, and 33.							
ă	27	Net assets without donor restrictions				L	27681.	27	35153
g Pa	28	Net assets with donor restrictions			<u></u>	L		28	
밀		Organizations that do not follow FASB ASC	C 958,	check h	ere				
ヹ゠		and complete lines 29 through 33.							
S	29	Capital stock or trust principal, or current fun	nds			L		29	
sel	30	Paid-in or capital surplus, or land, building, or						30	
As	31	Retained earnings, endowment, accumulated						31	
Net Assets or Fund Balances	32	Total net assets or fund balances					27681.	32	35153
	33	Total liabilities and net assets/fund balances					47243.	33	44443

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2023)

За

Х

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 8.4 - 3.228136

				EMPOWERMENT				4-3220130							
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.								
he	organ	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)									
1		A church, convention of chu	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).								
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)										
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).								
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,							
		city, and state:													
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in													
		section 170(b)(1)(A)(iv). (Complete Part II.)													
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	X	An organization that normal	-					oublic described in							
		section 170(b)(1)(A)(vi). (C	•				3								
8		A community trust describe	• •	1)(A)(vi). (Complete Par	t II.)										
9	\Box	An agricultural research org				ed in coniu	inction with a land-grant	college							
_		or university or a non-land-g				-	-	-							
		university:	, a				, and state of the semega								
10		An organization that normal	Ilv receives (1) more	than 33 1/3% of its supr	ort from c	ontribution	ns. membership fees. and	d aross receipts from							
		activities related to its exem													
		income and unrelated busin	•	· ·				-							
		See section 509(a)(2). (Cor		(1000 000 1101 1 0 1 1 1 1 1 1 1 1 1 1 1		ooo aoqa.	. oa zy me organizanom c								
11		An organization organized a	•	vely to test for public sa	fetv. See	section 50	09(a)(4).								
12	Ħ	An organization organized a	•	•	•			purposes of one or							
-		more publicly supported org	•	•	-		•								
		lines 12a through 12d that of	-					SHOOK THE BOX OH							
а		Type I. A supporting orga	* *					aivina							
u		the supported organization	•			-									
		organization. You must c			i majority c	in the direc	tors or traditions or the ot	apporting							
h		Type II. A supporting orga	-		tion with it	s sunnorte	ed organization(s) by hav	vina							
~		control or management of	•					•							
		organization(s). You mus			ино регоо	110 11141 00	ntion of manage the supp	Sortod							
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with							
Ŭ		its supported organization					• •	with,							
d		Type III non-functionally						zation(s)							
_		that is not functionally into	•					. ,							
		requirement (see instructi	-		•		•	7011000							
е		Check this box if the orga	•	•	•										
·		functionally integrated, or					1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1								
f	Ente	er the number of supported o		iany integrated eappoint		ation.									
g		ride the following information		d organization(s).											
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization 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)							
				above (occ mondentions))											

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		7311.	73837.	125768.	171642.	378558.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		7311.	73837.	125768.	171642.	378558.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						378558.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4		7311.	73837.	125768.	171642.	378558.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			21350.			21350.
11	Total support. Add lines 7 through 10						399908.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	43860.
13	First 5 years. If the Form 990 is for th	ne organization's fi				D1(c)(3)	
	organization, check this box and stop						
Se	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	livided by line 11, co	olumn (f))		14	94.66 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	90.65 %
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
k	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organizat	ion			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this b	oox and stop here	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pub	licly supported or	ganization		
k	10% -facts-and-circumstances test	- 2022. If the org	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, chec	k this box and sto	p here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qual	ifies as a publicly s	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a,	, 16b, 17a, or 17b,	check this box ar	nd see instructions	
							(Form 990) 2023

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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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

332023 12-21-23 Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	O.L.		
	9b		
	9с		
	- 0		
	10a		
	10b		
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Par	t IV	Supporting Organizations (continued)			
	_			Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		cors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	super	vised, 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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion L	D. All Type III Supporting Organizations			
		r		Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organ	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	· .	NI -
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	20		
h		hese activities constituted substantially all of its activities.	<u> 2a</u>		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2		activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
	เเนรเย	ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	1	

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 332025 12-21-23 Schedule A (Form 990) 2023

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Schedule	Δ (F	Orm	990)	202

5

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

3

4 5

6

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u>i_</u>	Carryover from 2018 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
<u>b</u>	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
<u> b</u>	Excess from 2020				
c	Excess from 2021				
<u>d</u>	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

2023.05000 ROCKLAND YOUTH EMPOWERMEN 1369___1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

ROCKLAND YOUTH EMPOWERMENT CENTER

Employer identification number 84-3228136

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes off offi 550, Fart IV, IIIV	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(L) Constitution (L)	(-)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		_
4	Aggregate value at end of year		_
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	d funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ū	for charitable purposes and not for the benefit of the donor or		
Par			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not	
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enforcing conse	rvation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	on easements during the year
_			
8	Does each conservation easement reported on line 2d above	• • • • • • • • • • • • • • • • • • • •	
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	lote to the organization's financial statemen	its that describes the
Par	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
. u.	Complete if the organization answered "Yes" on Form		or ommar /toods
10	If the organization elected, as permitted under FASB ASC 956		d balance shoot works
Ia	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	, , , , , , , , , , , , , , , , , , ,	·
h	If the organization elected, as permitted under FASB ASC 956		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	Sampled in Saadation, or research in fulfile	.a55 6. pasito 601 vi00;
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A		, , , <u>, , , , , , , , , , , , , , , , </u>
а	Revenue included on Form 990, Part VIII, line 1	-	\$
			<u> </u>
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tre	asures, o	Other	Similar	Assets	(continu	ed)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply).									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they	y further th	ne organizatio	n's exem	ot purpos	e in Part	XIII.	
5	During the year, did the organization solicit or	receive donations	of art, hist	orical treas	sures, or othe	er similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organiz	ation's co	llection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	jements Comple	te if the o	rganization	answered "	Yes" on Fo	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for co	ontribution	s or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						y?	\square	Yes	O No
b	If "Yes," explain the arrangement in Part XIII.									
Pai	t V Endowment Funds Complete if	the organization ans	swered "Y	es" on For	m 990, Part I	V, line 10.				
		(a) Current year	(b) Pri	or year	(c) Two year	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g,	column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are there endowment funds not in the posses	sion of the organiza	ation that a	are held ar	nd administer	ed for the			_	
	organization by:								Y	'es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Sch	nedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment fur	nds.						
Pai	t VI Land, Buildings, and Equipme	ent								
	Complete if the organization answered	I "Yes" on Form 990), Part IV,	line 11a. S	ee Form 990	, Part X, li	ne 10.			
	Description of property	(a) Cost or o basis (investr			or other (other)		cumulate reciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	l. Add lines 1a through 1e. (Column (d) must ed		X. line 10d	c. column	(B))			🔽		0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 ROCKLAND YOU Part VII Investments - Other Securities	TH EMPOWERME		228136 Page 3
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	- Farm 000 Dart IV line	11d Cas Faura 200 Part V line 15	
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Daaleesaksa
DOIL 3 CCEE	Description		(b) Book value 4228
\ \frac{1}{2}			4220
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)		<u> </u>	
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		4228
Part X Other Liabilities	(D))		1220
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, ,	(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY			4228
(3) OTHER LIABILITY			970
(4)			
\ \'\			

1. (a) besorption of hability	(b) book value
(1) Federal income taxes	
(2) LEASE LIABILITY	4228.
(3) OTHER LIABILITY	970.
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	5198.

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

Schedule D (Form 990) 2023

Par	TXI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	·	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. linet XII Reconciliation of Expenses per Audited Financial	Statements With Expense		
Fai		•	es per neturn	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 0-1		
a	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)		20	
e o	Add lines 2a through 2d			
3 4	Subtract line 2e from line 1			
4 a	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	4a		
b	Other (Describe in Part XIII.)			
	A 1.11: A 1.41		4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. II			
	rt XIII Supplemental Information	<u> 16.70.)</u>		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi			,
		•		

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	ROCKLAND YOU	TH EMP	OWERMENT (CENTER	84-3	228	136	
Par	Part 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	(d) Method of de noncash contribu	termin	_	3
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							
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							
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 (<u>LEGAL FEES</u>)	X	1	60000.	ESTIMATED F	MV		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 through	n 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used f	or			
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contributi	ons?	31		_X_
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

ROCKLAND YOUTH EMPOWERMENT CENTER

Employer identification number 84-3228136

ROCKLAND YOUTH EMPOWERMENT CENTER	84-3228136				
Form 990, Part I, Line 1, Description of Organization Miss	sion:				
ENVIRONMENT UNDER THE SUPERVISION OF COURT APPROVED SUPERVISORS.					
Form 990, Part VI, Section B, line 11b:					
Line 11b explanation - TO HELP THE YOUTH OF ROCKLAND COUNT	TY BUILD SKILLS TO				
ENABLE THEM TO OVERCOME ECONOMIC AND SOCIAL BARRIERS WHILE	E RECOGNIZING THE				
IMPORTANCE OF SELF-DIRECTED LEARNING AND POSITIVE LIFE CHO	OICES.				
Form 990, Part VI, Section C, Line 19:					
TO HELP THE YOUTH OF ROCKLAND COUNTY BUILD SKILLS TO ENABLE	LE THEM TO				
OVERCOME ECONOMIC AND SOCIAL BARRIERS WHILE RECOGNIZING TO	HE IMPORTANCE OF				
SELF-DIRECTED LEARNING AND POSITIVE LIFE CHOICES.					
Form 990, Part IX, Line 11g, Other Fees:					
PROFESSIONAL FEES:					
Program service expenses	0.				
Management and general expenses	64745.				
Fundraising expenses	0.				
Total expenses	64745.				
Total Other Fees on Form 990, Part IX, line 11g, Col A	64745.				

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

Schedule O (Form 990) 2023