EXTENDED TO MAY 15, 2025 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

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

2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN C Name of organization D Employer identification number Check if applicable MASS211, INC. Address change C/O UNITED WAY OF TRI-COUNTY, INC. Name 04-3514643 change Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 46 PARK STREET 508-872-3291 330,285. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended FRAMINGHAM, MA 01702 H(a) Is this a group return return
Application
pending F Name and address of principal officer: PAUL MINA Yes X No for subordinates? 46 PARK ST, FRAMINGHAM, MA 01702 **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.MASS211HELP.ORG H(c) Group exemption number **K** Form of organization: X Corporation Year of formation: 2000 M State of legal domicile: MA Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SERVING THE RESIDENTS OF Activities & Governance MASSACHUSETTS BY PROVIDING STATEWIDE INFORMATION AND REFERRAL 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 8 4 79 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 4,146,765 5,209,228. Contributions and grants (Part VIII, line 1h) 8 0. Program service revenue (Part VIII, line 2g) n, 20.276. 121.057. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 11 4,167,041 5,330,285 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,756,776. 2,333,872. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,011,753. 2,632,697. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,768,529. 4,966,569. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 398,512. 363,716. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 3,885,413. 4,216,035. Total assets (Part X, line 16) 331,876. 298,782 21 Total liabilities (Part X, line 26) 三年 537. 917,253 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAUL MINA, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MATTHEW TROIANO, CPA MATTHEW TROIANO, CPA 04/01/25 self-employed P01263939 Paid AAFCPAS, INC. Firm's EIN 04-2571780 Preparer Firm's name

May the IRS discuss this return with the preparer shown above? See instructions LHA For Paperwork Reduction Act Notice, see the separate instructions.

Use Only

Firm's address

50 WASHINGTON STREET

WESTBOROUGH, MA 01581

332001 12-21-23

Form **990** (2023)

No

Phone no. 508 - 366 - 9100

X Yes

	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:
	MASS211, INC. IS ESTABLISHED EXCLUSIVELY FOR CHARITABLE PURPOSES, AND
	SPECIFICALLY TO SERVE THE RESIDENTS OF THE COMMONWEALTH OF
	MASSACHUSETTS BY PROVIDING HIGH QUALITY, COMMUNITY-BASED INFORMATION &
	REFERRAL SERVICES. MASS211, INC. ALSO SERVES AS AN OUTLET FOR OFFICIAL
2	Did the organization undertake any significant program services during the year which were not listed on the
	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 program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,254,578. including grants of \$) (Revenue \$)
	MASS211, INC. IN ITS DAILY CAPACITY AS A COMPREHENSIVE INFORMATION AND
	REFERRAL SERVICE AND AS THE OFFICIAL CALL CENTER FOR THE MASSACHUSETTS
	EMERGENCY MANAGEMENT AGENCY (MEMA) TOOK OVER 483,000 CALLS AND HAD OVER
	185,000 SEARCHES ON MASS2-1-1.ORG WEBSITE IN FISCAL YEAR 2024.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,254,578.
	Form 990 (2023)

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		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,			
	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>			
	Schedule D, Part III	8		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	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			
	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l .
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

332004 12-21-23

Х Form 990 (2023)

(gambling) winnings to prize winners?

MASS211, INC.

C/O UNITED WAY OF TRI-COUNTY, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) Part V

			ı		Yes	No
2 a	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	2 a	79			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	•			3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			37
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		X
b	If "Yes," enter the name of the foreign country		(55.45)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		,	_		Х
	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 that it was or is a party to a prohibited tax shelter transaction for the line Factor and the organization file Form 2006 T2			5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?			6a		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.			- Oa		
b			•	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		Х
			Tovidod to tillo payor .	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<u> </u>		
_	to file Form 8282?	•		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion fil	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
	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		4		
11	Section 501(c)(12) organizations. Enter:	١	I			
	Gross income from members or shareholders	11a		4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
40-	amounts due or received from them.)	11b	<u> </u>	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411 12b	(12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120	l			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			100		
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				
С	Enter the amount of reserves on hand	13c		1		
	Pid the constitution and the constitution of the first term of the constitution of the			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2023) 332005 12-21-23

Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 8 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request __ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records PAUL MINA - 508-872-3291 PARK STREET, FRAMINGHAM. 01702 46

<u> Page</u> **7**

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.
- 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		Jiga	ıı IIZd			ipel	isali	(D)		(E)
(A) Name and title	(B)	(C) Position							(E)	(F)
Name and title	Average hours per		(do not check more than one box, unless person is both an officer and a director/trustee)			than		Reportable compensation	Reportable compensation	Estimated amount of
	week							from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC/	from the
	related	tee oi	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	altrus	nal tr		loyee	omp e		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) EILEEN DAVIS	line) 40.00	=	Ë	5	- S	宝豆	- P			
VICE PRESIDENT	40.00	1	١,	X			17	177,250.	0.	32,621.
(2) MAURICE EDWARDS	16.00			-				17772300	•	32,021
VP OF FINANCE AND ADMINISTRATION		х		х				25,000.	0.	0.
(3) PAUL MINA	16.00									
EXECUTIVE DIRECTOR				X				0.	0.	0.
(4) MARY O'COIN	1.00									
CHAIRPERSON		Х		Х				0.	0.	0.
(5) JAMES HAYES	1.00									
TREASURER		X		X		_		0.	0.	0.
(6) VICTORIA GRASELA	1.00									
CLERK	1 00	Х		Х		_		0.	0.	0.
(7) NINA LOVELESS	1.00	4								
MEMBER	1 00	Х				_		0.	0.	0.
(8) SARAH BARTLEY	1.00	٠,							0	0
MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(9) KORY ENG MEMBER	1.00	X						0.	0.	0.
(10) KATHERINE VON HAEFEN	1.00	Δ				\vdash		0.	0.	0.
MEMBER	1.00	X						0.	0.	0.
(11) MEGAN MOYNIHAN	1.00	25				\vdash		· ·	•	•
MEMBER		х						0.	0.	0.
										<u> </u>
	1	1				_				
		-								
	1	1	-	-		-	-			
		+								
	+									
		1								
										- QQQ (2222

Form 990 (2023) C/O UNITE	TO WAY C	ノピ	.I.K	т-	CC	NON	I.T. X	, INC.	04-3	<u> </u>	043	P	age 🕻
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploye	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box,	not c , unle:	Pos heck i ss per	more rson i	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	tion amount of other			
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fr org and	pensa om th anizat d relat anizati	e ion ed
	line)	lnd	sul	#0	Key	Hig	F						
		-											
		_											
		-											
		_											
1b Subtotal								202,250.		0.	3	2,6	
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								202,250.		0.	3:	2,6	0. 21.
Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100	,000 of reportable	 e		-	1
										1		Yes	No
3 Did the organization list any former officer,			•		•		_	• •	•		3		Х
line 1a? If "Yes," complete Schedule J for some for any individual listed on line 1a, is the su											3		21
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a											5		Х
rendered to the organization? If "Yes." com Section B. Independent Contractors	<u>ipiete Scheaul</u>	e J T	or st	ıcn <u>i</u>	oers	on					3		21
Complete this table for your five highest co.	mpensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	\$100,000 of com	pensat	tion fro	om	
the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address							(B) Description of s	services	С	(C ompei		n
THE UNITED WAY OF TRI-COU 46 PARK ST., FRAMINGHAM,	-							MANAGEMENT S	ERVICES	1	, 26	9.7	08.
PRO PIVOTAL 155 FEDERAL STREET, BOSTO			10					STAFFING SER				5,7	
NICE INCONTACT 221 RIVER STREET, HOBOKEN								CUSTOMER SER				7,1	
,	•											-	
							\neg						

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2023) C/O UNI
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to anv lin	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
Sυ	1	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			254,015.				
ية ق		Fundraising events 1c					
ffs,		d Related organizations 1d					
ig ig			260,350.				
ons,			200,330.				
utic		All other contributions, gifts, grants, and	694,863.				
章			094,003.				
ont		Noncash contributions included in lines 1a-1f		E 200 220			
O g		Total. Add lines 1a-1f		5,209,228.			
		•	Business Code				
ce	2	·					
ervi		·					
S		:			4		
ran Sev		J					
Program Service Revenue		•					
<u>-</u>		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		121,057.			121,057.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
en.		Gain or (loss) 7c					
ev		Net gain or (loss)					
her Revenue		Gross income from fundraising events (not					
Ğ.	Ū	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	9						
		Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold					
-		Net income or (loss) from sales of inventory					
જ		-	Business Code				
eor re	11	·					
Miscellaneous Revenue							
Sce.							
Ξ		All other revenue					
		e Total. Add lines 11a-11d		F 220 20F	^	_	101 055
	12	Total revenue. See instructions		5,330,285.	0.	0.	121,057.

Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	342,513.	342,513.		
_	trustees, and key employees	342,313.	344,313.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and		4		
7	persons described in section 4958(c)(3)(B)	1,727,144.	1,727,144.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	1,141,144·	1,141,144.		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	61,083.	61,083.		
0	Payroll taxes	203,132.	203,132.		
1	Fees for services (nonemployees):	203/1321	203/1321		
' a	Management	1,370,000.	720,268.	649,732.	
b	Legal	2/3/0/000	,20,2001	015 / 102 0	
	Accounting	31,500.	31,500.		
	Lobbying		0=7000		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		·		
3	column (A), amount, list line 11g expenses on Sch O.)	549,217.	549,217.		
2	Advertising and promotion	744.	744.		
3	Office expenses	987.	987.		
4	Information technology				
5	Royalties				
16	Occupancy	32,848.	32,848.		
7	Travel	85,384.	85,384.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	58,099.		58,099.	
3	Insurance	4,160.		4,160.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	410 000	/10 000		
a	TELEPHONE AND COMMUNICA SUPPLIES	419,900. 71,805.	419,900. 71,805.		
b	FILING FEES	7,487.	71,803.		
q	MISCELLANEOUS	566.	566.		
d		500.	200.		
e =	All other expenses	4,966,569.	4,254,578.	711,991.	0
<u>5</u> 6	Joint costs. Complete this line only if the organization	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4,434,310•	1 + + , , , , + •	
J	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)

Form 990 (2023)
Part X Balance Sheet

<u>Pai</u>	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	note to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			316,144.	1	35,572
	2	Savings and temporary cash investments	3,017,705.	2	608,685		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	472,630.	4	543,564		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B) L		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B			3,363.	9	3,217
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	237,313.	A		
	b	Less: accumulated depreciation	10b	122,298.	75,571.	10c	115,015
	11	Investments - publicly traded securities				11	2,909,982
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			3,885,413.	16	4,216,035
	17	Accounts payable and accrued expenses			161,898.	17	145,758
	18	Grants payable			18	22 225	
	19	Deferred revenue	77,507.	19	28,096		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or fo					
iliti		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of the			00 471	22	00 471
_	23	Secured mortgages and notes payable to unr			92,471.	23	92,471
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	-				
		parties, and other liabilities not included on lin	nes 1 <i>7-</i> 24)	. Complete Part X	0.		22 457
				·····	331,876.	25	32,457 298,782
	26	Total liabilities. Add lines 17 through 25			331,070.	26	230,102
S		Organizations that follow FASB ASC 958, o	neck ner	e 🔼			
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions			3,553,537.	27	3,917,253
ala	27				3,333,337.	28	3,711,233
d B	28	Net assets with donor restrictions Organizations that do not follow FASB ASC				20	
Fun		and complete lines 29 through 33.	, 956, CHE	ck nere			
p	29	Capital stock or trust principal, or current fundament	de			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,553,537.	32	3,917,253
Z	33				3,885,413.	33	4,216,035
	33	Total liabilities and net assets/fund balances			3,003,413.	<i>ა</i> ა	Eorm 99 (

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets			,	
	Check if Schedule O contains a response or note to any line in this Part XI				
	Oncok ii Ouricadic O contains a response of note to any line in this r art Xi				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,33	0.2	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,96		
3	Revenue less expenses. Subtract line 2 from line 1	3			16.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,55		
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	3,91	7,2	53.
Pa	rt XII Financial Statements and Reporting			-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
	•			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		1

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

MASS211, INC.

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. **Employer identification number**

Open to Public Inspection

OMB No. 1545-0047

C/O UNITED WAY OF TRI-COUNTY, 04-3514643 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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.)

Sec	ction A. Public Support	71	<u> </u>	,			
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.")	2159842.	4346111.	3464376.	4146765.	5209228.	19326322.
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	2159842.	4346111.	3464376.	4146765.	5209228.	19326322.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included				N		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				1		
6	Public support. Subtract line 5 from line 4.						19326322.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2159842.	4346111.	3464376.	4146765.	5209228.	19326322.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				20,276.	121,057.	141,333.
9	Net income from unrelated business				,	•	<u> </u>
	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.)	1					
11	Total support. Add lines 7 through 10						19467655.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the					01(c)(3)	
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·			
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	99.27 %
	Public support percentage from 2022					15	99.87 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation		·	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te		•	-			
b	10% -facts-and-circumstances test	-	•	*	-		
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization				•		s
	<u> </u>		,	. , , ,			(Form 990) 2023

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

quality under the tests listed to Section A. Public Support	below, please com	piete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and	(a) 2019	(10) 2020	(6) 2021	(u) 2022	(6) 2020	(i) iolai
membership fees received. (Do not						
include any "unusual grants.")						
, , , , , , , , , , , , , , , , , , , ,						1
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				LA .		
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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
	1 () 22/2	# N 0000	() 2224	1,0000	1 ()	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6			-			
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)			1			
13 Total support. (Add lines 9, 10c, 11, and 12.)	ho organization's	iret eeeed thind	fourth or fifth to:	voor oo c costicis	F01(a)(2) areaninet:	l on
14 First 5 years. If the Form 990 is for t	· ·		·	•	. , . ,	
check this box and stop here Section C. Computation of Publ						L
•			l (5\)		45	
15 Public support percentage for 2023 (15	9
16 Public support percentage from 2022 Section D. Computation of Invest					16	9
•					47	
17 Investment income percentage for 2						9
18 Investment income percentage from					18	9
19a 33 1/3% support tests - 2023. If the						7 is not
more than 33 1/3%, check this box a						L
b 33 1/3% support tests - 2022. If the	e organization did	not check a box on	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%, a	and
line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	<u>_</u>
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a. or 19b. check t	this box and see in	structions	

332023 12-21-23

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3c		
4a		
4b		
4c		
5a		
- 5.0		
5b		
5c		
6		
7		
8		
9a		
Oh		
9b		
9с		
10a		
104		
10b		
ule A (Fori	n 990)	2023

332024 12-21-23

Pal	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			l
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			
0	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	-		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of Type in 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		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	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 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
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			l
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
	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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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.	За		
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.	3b		

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

Schedule A (Form 990) 2023

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

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continue	ed)	J
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer		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	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
<u>10</u>	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				
<u>a</u>	From 2018				
b	From 2019				
c	From 2020				
d	From 2021		<u> </u>		
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
<u>g</u>	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>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	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.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
<u>b</u>	Excess from 2020				
<u>c</u>	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	<u></u>
	$oldsymbol{A}$

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

MASS211, INC.

C/O UNITED WAY OF TRI-COUNTY, INC.

Employer identification number 04-3514643

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds o	r Accour	nts. Complete if the
	organization answered Tee our our occ, Farry, in	(a) Donor advise	d funds	(b) Fun	ids and other accounts
1	Total number at end of year	()		() /	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advised	funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor ad				········
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a	historically	important land area
	Protection of natural habitat		Preservation of a	certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form of	a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	·	2c	
d	Number of conservation easements included on line 2c acqui	-			
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the or	rganization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		on, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conser	vation ease	ements during the year
-	Annual of suppose in supplies the state of t	 			ta alumina e tha a coa au
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and em	ording conservatio	n easemen	is during the year
	Does each conservation easement reported on line 2d above	action the requirements	of coation 170/b)/4	\/D\/i\	
8					Yes No
9	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 footn				
	organization's accounting for conservation easements.	lote to the organization's	ililaliciai staterileri	is illai uesc	nibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Othe	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form		•		
1a	If the organization elected, as permitted under FASB ASC 95		nue statement and	l balance sh	neet works
	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan	,			
b	If the organization elected, as permitted under FASB ASC 956			ance sheet	works of
	art, historical treasures, or other similar assets held for public				
	provide the following amounts relating to these items.	, , , , , , , , , , , , , , , , , , , ,			,
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical trea				
	the following amounts required to be reported under FASB A			•	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

332051 09-28-23

Schedule D (Form 990) 2023

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

Pai	t III	Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	r Other	[•] Simila	r Assets	(conti	nued)	
3	Using	the organization's acquisition, accession	on, and other records	s, check	any of the f	following that	t make si	gnificant	use of its			
	collec	ction items (check all that apply).										
а		Public exhibition	d	ı 🔲 L	oan or exc	hange progra	am					
b		Scholarly research	е		Other							
С		Preservation for future generations										
4	Provi	de a description of the organization's co	llections and explain	n how the	y further th	ne organizatio	on's exen	npt purpo	se in Part	XIII.		
5	Durin	g the year, did the organization solicit o	r receive donations o	of art, hist	torical treas	sures, or othe	er similar	assets				
	to be	sold to raise funds rather than to be ma								Yes		No
Pai	t IV	Escrow and Custodial Arrang	gements Complet	te if the c	rganizatior	answered "	Yes" on F	Form 990	, Part IV, li	ne 9, or		
		reported an amount on Form 990, Par	t X, line 21.									
1a	Is the	organization an agent, trustee, custodi	an, or other intermed	diary for c	ontribution	ns or other as	sets not	included				_
	on Fo	orm 990, Part X?							<u> </u>	Yes		No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fol	lowing ta	ble:							
										Amoun	t	
С	Begir	nning balance						. 1c				
d	Addit	ions during the year						. 1d				
е	Distri	butions during the year						. <u>1e</u>				
f	Endir	ng balance						. 1f		_		
2a	Did th	ne organization include an amount on Fo	orm 990, Part X, line	21, for es	scrow or cu	ustodial acco	unt liabili	ty?	L	Yes		_ No
		s," explain the arrangement in Part XIII.										
Par	t V	Endowment Funds Complete if										
			(a) Current year	(b) Pr	ior year	(c) Two yea	rs back	(d) Three	years back	(e) Fou	r years	back
1a		nning of year balance										
b	Contr	ributions					_					
С	Net ir	nvestment earnings, gains, and losses										
d	Grant	ts or scholarships										
е	Other	expenditures for facilities										
	and p	programs										
f	Admi	nistrative expenses										
g		of year balance										
2	Provi	de the estimated percentage of the curr	ent year end balance	e (line 1g,	column (a))) held as:						
а	Board	d designated or quasi-endowment		_%								
b	Perm	anent endowment	%									
С	Term	endowment	%									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are th	nere endowment funds not in the posse	ssion of the organiza	tion that	are held ar	nd administer	red for th	е		1		T
	organ	nization by:									Yes	No
										3a(i)		
										3a(ii)		
b		s" on line 3a(ii), are the related organiza								3b		
Do:		ribe in Part XIII the intended uses of the		wment fu	nds.							
Pai	t VI	Land, Buildings, and Equipm		Do:+ 1) (lina 44 a O		N David V	line 10				
		Complete if the organization answered		<u> </u>			 		.			
		Description of property	(a) Cost or o		. ,	or other (other)		ccumulat oreciatior	I	(d) Boo	k valu	e
			I									
		ings										
С	Lease	ehold improvements										
d	Equip	oment						100 -				
	Other					7,313.		L22,2				<u>15.</u>
Total	. Add	lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, line 10	c, column	(B))				11	5, 0	15.

Schedule D (Form 990) 2023

MASS211, IN			0.4 0.54.64.0
	WAY OF TRI-	COUNTY, INC.	04-3514643 Page 3
Part VII Investments - Other Securities	on Form 000 Dort IV	line 11h See Form 000 Dort V lin	20.10
Complete if the organization answered "Yes"	(b) Book value		Cost or end-of-year market value
(a) Description of Security or category (including name of security)	(b) Book value	(c) Method of Valuation.	Cost or end-or-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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990 Part X lin	ne 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
	(b) Book value	(c) Welfied of Valdation:	Cost of cha of year market value
(1)	+		
(2)	+		
(3)	+		
(4)	+		
(5)			
<u>(6)</u>			
<u>(7)</u>			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11d. See Form 990. Part X. lin	ne 15.
-) Description		(b) Book value
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(2,222.2002
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co			
Part X Other Liabilities	(נש) .ווע		······
Complete if the organization answered "Yes'	on Form 990, Part IV,	line 11e or 11f. See Form 990, Pa	rt X, line 25.
1. (a) Description of liability		,	(b) Book value
(1) Federal income taxes			
(2) DUE TO RELATED PARTY			32,457.
(3)			32,1371
(4)			
(5)			

32,457. Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 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

(6) (7) (8) (9)

Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Other (Describe in Part XIII.)

c Add lines 4a and 4b

	MASSZII, INC.		
che	edule D (Form 990) 2023 C/O UNITED WAY OF TRI-COUNTY, INC.	04-	3514643 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,330,285
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	5,330,285

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,966,569. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments 2b Other (Describe in Part XIII.) Add lines 2a through 2d 4,966,569 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

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

PART X, LINE 2:

MASS211 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 STATEMENT REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MASS211 HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AT JUNE 30, 2024. MASS211'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

Schedule D (Form 990) 2023

4c

MASS211, INC.

Schedule D (Form 990) 2023	C/O UNITED WAY OF TRI-COUNT	Y, INC.	04-3514643 Page 5
Part XIII Supplemental Info	C/O UNITED WAY OF TRI-COUNT mation (continued)		
		_	
			Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Go to www.irs.gov/Form990 for instructions and the latest information. ${\tt MASS211}$, ${\tt INC}$.

C/O UNITED WAY OF TRI-COUNTY, INC.

Employer identification number 04-3514643

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		Λ
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	0-		v
	The organization?	6a		X
D	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х
	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	5 10 1 1 1 1 1 D 1 1 D 1 1 D 1 1 D 1 1 D 1	6		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Δ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	neguiations section 33.4830-0(0)?	ש		ı

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	I-2 and/or 1099-MISocompensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) EILEEN DAVIS	(i)	127,250.	50,000.	0.	16,571.	16,050.	209,871.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023 C/O UNITED WAY OF TRI-COUNTY, INC.	04-3514643	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part II.	part for any additional information.	

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

MASS211, INC.

C/O UNITED WAY OF TRI-COUNTY, INC. **Employer identification number** 04-3514643

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, INFORMATION DURING TIMES OF EMERGENCY AND CRISIS. FORM 990, PART VI, SECTION A, LINE 3: THE UNITED WAY OF TRI-COUNTY, INC. PERFORMS ALL MANAGEMENT DUTIES FORM 990, PART VI, SECTION A, LINE 8B. MASS 211, INC. DOES NOT HAVE ANY SUCH COMMITTEE WITH THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. FORM 990, PART VI, SECTION B, LINE 11B: THE TAX RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS RECEIVES A COPY AND REVIEWS DURING THEIR BOARD MEETING. FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AS SITUATIONS ARISE. ALL SUCH POLICIES ARE PERFORMED THROUGH THE CONTRACTED MANAGEMENT OF UNITED WAY OF TRI-COUNTY, INC. FOR WHICH MASS211 INC. SHARES THESE DOCUMENTS. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR REVIEWS AND DECIDEDS PAY RATES ANNUALLY.

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization MASS211, INC. C/O UNITED WAY OF TRI-COUNTY, INC.	Employer identification number $04-3514643$
FORM 990, PART VI, SECTION C, LINE 19:	
MASS 211, INC. MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	JEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	71,211.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,211.
CONTRACTED SERVICES:	
PROGRAM SERVICE EXPENSES	478,006.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	478,006.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	549,217.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or MASS211, INC. **Print** 04-3514643 C/O UNITED WAY OF TRI-COUNTY, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 46 PARK STREET return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. FRAMINGHAM, MA 01702 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return Application Is For Return Code Code Form 4720 (other than individual) Form 990 or Form 990-EZ 01 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of PAUL MINA 46 PARK STREET - FRAMINGHAM, MA 01702 Telephone No. 508-872-3291 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ____ calendar year 20 _____ or JUL 1 ___ , 20 <u>23</u>__ , and ending ____ JUN 30 . X tax year beginning _____ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3h Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Зс