### TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

December 31, 2022

Prepared for	Family Promise of Western New York 75 Hickory Street Buffalo, NY 14204
Prepared by	EFPR Group, CPAs, PLLC 6390 Main Street Suite 200 Williamsville, NY 14221
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 05-80-42 | Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury Internal Revenue Service

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



A	A For the 2022 calendar year, or tax year beginning and ending				
B	Check if applicat	e: C Name of organization		D Employer identific	ation number
	Addr	FAMILY PROMISE OF WESTERN NEW YORK			
	Name			16-147404	44
	Initial	v	Room/suite	E Telephone number	
	Final	75 HICKORY STREET		(716)771-	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,065,075.
	Amer	BOFFADO, NI 14204		H(a) Is this a group re	turn
	Appli tion pend			for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> </u>	Fax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 🛄 527		list. See instructions
	Nebs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1994 M	State of legal domicile: NY
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities:	SCHEDU	LE O	
Activities & Governance					
/ern	2	Check this box if the organization discontinued its operations or dispos		1 1	
õ	3				11 11
ø	4	Number of independent voting members of the governing body (Part VI, line 1b)	39		
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		145	
tivi	6	Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	 I	Prior Year	Current Year
		Contributions and grants (Dort )/III line 1b)		578,582.	1,009,505.
anı	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,504.	-602.
Re	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		47,494.	39,219.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		643,580.	1,048,122.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.000	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)		311,042.	448,907.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	·····	0.	0.
per		Total fundraising expenses (Part IX, column (D), line 25) 3,0	13.	-	-
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		177,625.	260,434.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	, , , , , , , , , , , , , , , , , , , ,		709,341.
	19	Revenue less expenses. Subtract line 18 from line 12		154,913.	338,781.
or				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		594,719.	1,016,330.
dBå	21	Total liabilities (Part X, line 26)		5,654.	88,484.
Fund Balanc	22	Net assets or fund balances. Subtract line 21 from line 20		589,065.	927,846.
P	art 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.

Sign	Signature of officer		E E	Date	
		VE DIRECTOR			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	DAVID A. URBAN CPA	DAVID A. URBAN CPA		oon omployou	P00630018
Preparer		PLLC	F	irm's EIN <b>47</b> -	4526160
Use Only	Firm's address 6390 MAIN STREET	SUITE 200			
	WILLIAMSVILLE, NY	14221	F	Phone no.716 -	634-0700
May the II	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🛄 🛛 🚺 🔀				
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2022)

	990 (2022) FAMILY PROMISE OF WESTERN NEW YORK 16-1474044 Page 2
Pa	t 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:
	KEEPING FAMILIES EXPERIENCING HOMELESSNESS TOGETHER BY OFFERING
	EMERGENCY HOUSING AND COMPASSIONATE SUPPORT AS THEY WORK TO FIND THEIR
	WAY BACK HOME
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	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?
	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 \$ 583,229. including grants of \$) (Revenue \$)
	PROVIDE PERMANENT OVERNIGHT SHELTER WHERE SHELTER, MEALS AND CASE
	MANAGEMENT ARE OFFERED ALL IN-HOUSE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
40	(Code:         ) (Expenses \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 583,229.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		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	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	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
	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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		- 23
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

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			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			l
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b> </b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b> </b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51		
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	l I
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	30		L
	Check if Schedule O contains a response or note to any line in this Part V			
		·····	Yes	No
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8		103	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	Х	
				<u> </u>

022)	FAMILY	PROMISE	OF	WESTERN	NEW	YORK	
Statements I	Regarding C	Other IRS Fili	ngs a	and Tax Con	nplian	<b>ce</b> (continue	d)

					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	39			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?		2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccou	nt)?	4a		X
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 Ac	cour	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\hdots$			5a		X
b	, , , , , , , , , , , , , , , , , , , ,			5b		Х
	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					
	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		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution and partly for goods and service as a contribution as a contribution and partly for goods and service as a contribution as a contr			7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			_		v
	to file Form 8282?			7c		X
d		7d		_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b			•		
•	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			9a		
a b				9a 9b		
10	Section 501(c)(7) organizations. Enter:			30		
		10a				
		10b				
11	Section 501(c)(12) organizations. Enter:	100				
		11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
~		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		?	12a		
		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.					
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		13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	ation	or			
	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	inco	me?	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 activ	ivitie	6			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2022)

Part V

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			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		X
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	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			
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	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			
Ū	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
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
-	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14		x
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		Х
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 <b>NY</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, and 990 T (section 501(c)(3)	s only	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LUANNE FIRESTONE - (716)771-3007			
	75 HICKORY STREET, BUFFALO, NY 14204			

Part VII	Co	mpensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Em	ployees, 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week				reciu	1/1/1/1/15		from	from related	other
	(list any hours for related organizations below line)	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ll trus		vee	mpen		1099-NEC)	1000 NEO)	and related
	below	d ual t	Institutional trustee	L_	Key employee	est co oyee	5	,		organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			
(1) LUANNE FIRESTONE	7.00									
EXECUTIVE DIRECTOR	0.00	X		X				54,239.	0.	1,854.
(2) STEPHEN BLASS	15.00									
PRESIDENT	0.00	X		X				0.	0.	0.
(3) KATHRYN DIBBLE	7.00									
VICE PRESIDENT	0.00	X		X				0.	0.	0.
(4) KAYLEI RUSSELL, CPA	7.00									
TREASURER	0.00	X		Х				0.	0.	0.
(5) DAWN ASKEW	7.00									
TRUSTEE	0.00	X						0.	0.	0.
(6) MATTHEW BECTON	7.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) MARISSA DESIDARIO	7.00									
TRUSTEE	0.00	Х						0.	0.	0.
(8) ANDREW HAHN	7.00									_
TRUSTEE	0.00	Х						0.	0.	0.
(9) CHRISTIAN HOFFMAN	7.00									
TRUSTEE	0.00	X						0.	0.	0.
(10) MELISSA KEITH	7.00									_
TRUSTEE	0.00	X						0.	0.	0.
(11) DANIELLE MAURICE	7.00									_
TRUSTEE	0.00	X						0.	0.	0.
(12) MICHAEL MURAK	7.00									_
TRUSTEE	0.00	X						0.	0.	0.
							<u> </u>			
			<u> </u>				<u> </u>			
		-								
		<u> </u>								
		-								

	990 (2022) FAMILY PI									16-14	474	044	Pa	ge <b>8</b>
Par	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								—					
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle	ss per	ition <sup>more</sup> rson i	than o is both pr/trust	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatic from related	on	Esti amo	<b>(F)</b> matec ount o ther	
	(list any hours for related organizations below line)				Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orgai and		on d
											-+			
1b	Subtotal								54,239.		0.	1	,85	
	Total from continuation sheets to Part VI								0. 54,239.		0.	1	,85	0.
 2	Total (add lines 1b and 1c) Total number of individuals (including but n								-	) 000 of reportab	-		,00	94.
-	compensation from the organization		1030	iiote		5000	.) •••							0
											r	``	/es	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				•	•		Ŭ	phest compensated emp			3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4		х
5		accrue comper	nsat	sation from any unrelated organization or individ						idual for services		5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	-	-								ipensa			
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services	C	(C) ompens		
								_						
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lii	mite	d to		se lis )	ted	d above) who received n	nore than				

Form	n 990 (	(2022) <b>FAM</b>	ILY PRC	MIS	E OF WES	TERN NEW Y	ORK	16-1474	044 Page 9
Pa	rt VII	I Statement of Re	evenue						
		Check if Schedule O	contains a resp	oonse	or note to any lir	ne in this Part VIII			
						(A)	(B)	(C)	<b>(D)</b> Revenue excluded
						Total revenue	Related or exempt function revenue		
							lanetonnovende		sections 512 - 514
nts its	1 a	Federated campaigns	1a						
ran			1b						
Ğ,G		Fundraising events							
ifts ar ∕		Related organizations							
nils		Government grants (contr			535,435.				
Sir		All other contributions, gifts,			,				
uti	'	similar amounts not included			474,070.				
Contributions, Gifts, Grants and Other Similar Amounts					111,070.				
u ou	-	Noncash contributions included in				1,009,505.			
a C	h	Total. Add lines 1a-1f				1,009,303.			
					Business Code				
ice	2 a								
er v	b								
n S ent	с								
ran ?ev	d								
Program Service Revenue	е								
P	f	All other program service	revenue						
	g	Total. Add lines 2a-2f							
	3	Investment income (includ							
		other similar amounts)	Ū			378.	,		378.
	4	Income from investment of							
	5	Royalties	-	-					
	-		(i) Re	al	(ii) Personal				
	6 9	Gross rents	6a		()				
		Less: rental expenses	6b						
		Rental income or (loss)	60 60						
		Net rental income or (loss)							
		Gross amount from sales of	(i) Secu		(ii) Other				
	/ a			nies					
		assets other than inventory	7a						
e	b	Less: cost or other basis		80.					
evenue		and sales expenses		80.					
eve		Gain or (loss)				0.00			0.00
Other R		Net gain or (loss)		····		-980.			-980.
the	8 a	Gross income from fundraisi	ng events (not						
Ò		including \$	of						
		contributions reported on							
		Part IV, line 18							
	b	Less: direct expenses		. 8b	15,973.				
	с	Net income or (loss) from	fundraising ev	ents		37,825.			37,825.
	9 a	Gross income from gamin	ng activities. Se	e					
		Part IV, line 19		. 9a					
	b	Less: direct expenses		. 9b					
	с	Net income or (loss) from	gaming activit	ies					
		Gross sales of inventory, I							
		and allowances		10a					
	ь	Less: cost of goods sold							
		Net income or (loss) from							
	Ť			j	Business Code				
Miscellaneous Revenue	11 a	CREDIT AND BA	NK FEES		624229	1,394.			1,394.
nec	b					_,			_,
ella									
Re	c d								
Σ		All other revenue				1,394.			
		Total. Add lines 11a-11d				1,048,122.		0.	38,617.
	12	Total revenue. See instruction	JIIO			<b>┶╷ぃ</b> ┱∪╷エムム•	· · · ·	· · ·	, U/•

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

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
-	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	54,239.	46,103.	8,136.	
	Compensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages	317,124.	269,555.	47,569.	
	Pension plan accruals and contributions (include				
S	ection 401(k) and 403(b) employer contributions)				
9 (	Other employee benefits	47,808.	40,637.	7,171.	
<b>10</b> F	Payroll taxes	29,736.	25,276.	4,460.	
11 F	ees for services (nonemployees):				
a M	lanagement				
bι	.egal				
c /		5,678.		5,678.	
	obbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	olumn (A), amount, list line 11g expenses on Sch 0.)	2,522.		2 5 2 2	
	Advertising and promotion	5,588.		2,522. 5,588.	
	Dffice expenses	6,215.	6,215.	5,500.	
	nformation technology	0,215.	0,215.		
	Royalties	18,165.	18,165.		
		12,303.	12,303.		
		12,505.	12,505.		
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials	2,778.	1,516.	1,262.	
	nterest	_,,,,,,	, 5 _ 0 .		
	Payments to affiliates				
	Depreciation, depletion, and amortization	20,250.	20,250.		
	nsurance	23,700.	23,700.		
<b>24</b> (	Other expenses. Itemize expenses not covered	,			
a	bove. (List miscellaneous expenses on line 24e. If				
	ne 24e amount exceeds 10% of line 25, column (A), mount, list line 24e expenses on Schedule 0.)				
	JUEST SUPPLIES	55,453.	55,453.		
ьĪ	REPAIRS & MAINTENANCE	39,828.	26,136.	13,692.	
c (	GUEST SERVICES	32,380.	32,380.		
d C	OTHER PROGRAM EXP	30,705.	4,500.	26,205.	
e A	All other expenses	4,869.	1,040.	816.	3,013
25 1	otal functional expenses. Add lines 1 through 24e	709,341.	583,229.	123,099.	3,013
26 .	loint costs. Complete this line only if the organization				
r	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
0	heck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (202

FAMILY PROMISE OF WESTERN NEW YC	RK
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16-1474044 Page 11

	990 (		OF	WESTERN NEW	YORK	16-	-1474044 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			243,126		435,699.
	2	Savings and temporary cash investments			30,027	• 2	30,030.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				• 4	42,820.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
		controlled entity or family member of any of thes	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9				100	• 9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		411,929.			
	b	Less: accumulated depreciation	10b	88,054.	. 269,653	• 10c	323,875.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line -				12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			10,417	• 15	183,906.
	16	Total assets. Add lines 1 through 15 (must equ			594,719		1,016,330.
	17	Accounts payable and accrued expenses				_	13,996.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I		21			
Liabilities	22	Loans and other payables to any current or forn					
bilit		trustee, key employee, creator or founder, subs					
Lia		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24 25	Unsecured notes and loans payable to unrelate Other liabilities (including federal income tax, pa				24	
	25	parties, and other liabilities not included on lines					
		(0.1			0	• 25	74,488.
	26	Total liabilities. Add lines 17 through 25			5,654		88,484.
	20	Organizations that follow FASB ASC 958, che	ck her	e X		- 20	
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			558,133	• 27	745,175.
Bal	28	Net assets with donor restrictions			30,932		182,671.
pu		Organizations that do not follow FASB ASC 9					
Ľ.		and complete lines 29 through 33.					
s ol	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ec				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			589,065	• 32	927,846.
	33				594,719	• 33	1,016,330.
							Form <b>990</b> (2022)

Form	1990 (2022) FAMILY PROMISE OF WESTERN NEW YORK	16-	1474044	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,04		
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.
3	Revenue less expenses. Subtract line 2 from line 1	3			81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	58	9,0	65.
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	92	7,8	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X 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 separat				
	consolidated basis, or both:				
	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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				x
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
					(0000

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

#### 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.

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization	
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Name of t	he organization	Employer identification number						
	FAMILY PROMISE OF WESTERN NEW YORK	16-1474044						
Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instruction	IS.						
The organ	ization is not a private foundation because it is: (For lines 1 through 12, check only one box.)							
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	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 <b>section 170(b)(1)(A)(iii).</b>							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A	)(iii). Enter the hospital's name,						
	city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental u	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	An organization that normally receives a substantial part of its support from a governmental unit or from t	he general public described in						
	section 170(b)(1)(A)(vi). (Complete Part II.)							
•	A community trust described in <b>section <math>\frac{170(h)}{1}(\Lambda)(\mu)</math></b> (Complete Dart II)							

A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8

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

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

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

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

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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, С 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) d 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.

f Enter the number of supported organizations

<b>g</b> Provide the following information about the supported organization(s).										
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	In your doverning document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
Total										

#### Schedule A (Form 990) 2022

#### FAMILY PROMISE OF WESTERN NEW YORK

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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 $\dots$						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi				501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
<b>1</b> 6a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the c	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	<b>t - 2022.</b> If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check thi	s box and <b>stop he</b>	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances tes	<b>t - 2021.</b> If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	mstances test, che	eck this box and <b>s</b> t	<b>top here.</b> Explain ii	n Part VI how the	
	organization meets the facts-and-circ	umstances test. T	he organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Schedule A (Form 990) 2022

#### Schedule A (Form 990) 2022

#### FAMILY PROMISE OF WESTERN NEW YORK 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	252,251.	352,917.	427,855.	578,582.	1,009,505.	2,621,110.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	252,251.	352,917.	427,855.	578,582.	1,009,505.	2,621,110.
	Amounts included on lines 1, 2, and		,-	,		, , -	, , ,
	3 received from disgualified persons						0.
k	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						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						2,621,110.
	ction B. Total Support						, , -
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	252,251.	352,917.	427,855.	578,582.	1,009,505.	2,621,110.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	278.	272.	155.	24.	-602.	127.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
Ċ	Add lines 10a and 10b	278.	272.	155.	24.	-602.	127.
	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				7,170.	1,394.	8,564.
13	assets (Explain in Part VI.)	252,529.	353,189.	428,010.	585,776.	1,010,297.	2,629,801.
	<b>First 5 years.</b> If the Form 990 is for th	-	-	-		, ,	
	check this box and <b>stop here</b>	le erganzation e n					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2022 (		-	column (f))		15	99.67 %
	Public support percentage from 2021					16	99.55 %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13 column (fl)		17	.00 %
17 18	Investment income percentage for 20					17	.00 %
	a 33 1/3% support tests - 2022. If the				15 is more than 9		,
195		-					7 is not
L	more than 33 1/3%, check this box a <b>33 1/3% support tests - 2021.</b> If the						
ĸ	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
		ala not oneon a	557 GI III G 14, 130	a, or roo, oneon li			·····

#### 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).

1 Are all of the organization's supported organizations listed by name in the organization's governing

- 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.)

Schedule A (Form 990) 2022

(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

Yes

No

# 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

#### Schedule A (Form 990) 2022 FAMILY PROMISE OF WESTERN NEW YORK

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	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			
	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 <b>Part VI</b> 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		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			

- 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).
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s *supported organizations played in this regard.*

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see 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 instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2

3

#### FAMILY PROMISE OF WESTERN NEW YORK Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	n Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
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		
Section 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 <b>Part VI</b> ):			
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		

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

Schedule A (Form 990) 2022

Sche	edule A (Form 990) 2022 FAMILY	PROMISE	OF WESTERN	NEW YORK	
	rt V Type III Non-Functionally Integ				wed)
Sect	ion D - Distributions			<u>toonun</u>	<u>uou</u> /
1	Amounts paid to supported organizations to acc	complish exemp	ot purposes		1
2	Amounts paid to perform activity that directly fu	rthers exempt p	ourposes of supported		
	organizations, in excess of income from activity				2
3	Administrative expenses paid to accomplish exe	empt purposes	of supported organization	ons	3
4	Amounts paid to acquire exempt-use assets				4
5	Qualified set-aside amounts (prior IRS approval	required - provi	de details in <b>Part VI</b> )		5
6	Other distributions (describe in Part VI). See ins	tructions.			6
7	Total annual distributions. Add lines 1 through	6.			7
8	Distributions to attentive supported organization	ns to which the	organization is responsi	ve	
	(provide details in Part VI). See instructions.				8
9	Distributable amount for 2022 from Section C, li	ne 6			9
10	Line 8 amount divided by line 9 amount				10
Sect	ion E - Distribution Allocations (see instructions	5)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons
1	Distributable amount for 2022 from Section C, li	ne 6			
2	Underdistributions, if any, for years prior to 2022	2 (reason-			
	able cause required - explain in Part VI). See ins	tructions.			
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
	Total of lines 3a through 3e				

**g** Applied to underdistributions of prior years h Applied to 2022 distributable amount

**a** Applied to underdistributions of prior years **b** Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

4 Distributions for 2022 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

\$

1

8 9 10 **Current Year** 

(iii)

Distributable Amount for 2022

Schedule A (Form 990) 2022

Schedule A	. (Form 990) 2022	FAMILY	PROMISE OF	F WESTERN	NEW YORK	16-1474044 <sub> </sub>	Page <b>8</b>
Part VI	Supplemental Infor	2, 3b, 3c, 4b, 4 ines 2 and 3; P	4c, 5a, 6, 9a, 9b, 9c art IV, Section E, lin	, 11a, 11b, and 11 es 1c, 2a, 2b, 3a,	c; Part IV, Section B, line and 3b; Part V, line 1; Pa	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section art V, Section B, line 1e; Parl	

#### 223451 11-15-22

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

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

#### Special Rules

General Rule

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ \$ \_

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

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

the Treasury	Go to ww

Internal Revenue Service

Name of the organization

#### Schedule of Contributors

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

## 2022

Schedule B (Form 990) (2022)

Employer identification number

16 - 1474044

Organization type (cheo	Drganization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					

FAMILY DROMICE OF WECHERN NEW VORK

Schedule B (Form 990)

Department of

Name of organization

223452

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$19,783.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	5.22	\$485,435.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-18	J-22		Schedule B (Form 990) (20

Employer identification number

16 - 1474044

Name of organization

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$5,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
<u> </u>	Name, address, and ZIP + 4	\$50,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    12</u>		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

#### Page 2 Employer identification number

16-1474044

FAMILY PROMISE OF WESTERN NEW YORK

Name of organization

223452

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$7,992.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$16,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (20
	(b) (b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4 (c) Name, address, and ZIP + 4	Name, address, and ZIP + 4         Total contributions

16 - 1474044

Employer identification number

Name of organization								
FAMILY	PROMISE	OF	WESTERN	NEW	YORK			

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions           \$6,447.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions           \$         6,425.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d) Turne of constribution
No.	Name, address, and ZIP + 4	Total contributions           \$5,250.	Type of contribution         Person       X         Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions           \$         5,000.	Type of contribution         Person       X         Payroll

Employer identification number

16 - 1474044

223452 11-15-22

Name of organization

FAMILY PROMISE OF WESTERN NEW YORK

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

16-1474044

Schedule	B (Form 990) (2022)			Page 4						
Name of o	organization			Employer identification number						
FAMTL	Y PROMISE OF WESTERN NEW	V YORK		16-1474044						
Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in se								
	from any one contributor. Complete columns (a) t completing Part III, enter the total of exclusively religious, ch	hrough (e) and the following line entrantition of the second seco	ry. For organizations	. once.) \$						
	Use duplicate copies of Part III if additional s	pace is needed.								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
Part I			(4) 200							
	<u> </u>									
		(e) Transfer of gift	I							
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee						
(a) No.		(c) Use of gift	( ) D							
from Part I	(b) Purpose of gift (c) Use		(d) Des	scription of how gift is held						
	(e) Transfer of gift									
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
			[							
	(e) Transfer of gift									
		(e) mansier of gift	L							
	Transferee's name, address, an	d <b>ZIP</b> + 4	Relationship of tr	ansferor to transferee						
(a) No. from										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held						
	I	(a) Transfer of sife	<u> </u>							
		(e) Transfer of gift	L							
	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ansferor to transferee						
			•							

**SCHEDULE D** 

Department of the Treasury Internal Revenue Service

#### (Form 990)

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.



FAMILY PROMISE OF WESTERN NEW YORK         16-1474044           Part1         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.           Image: Total number at end of year         (a) Donor advised funds         (b) Funds and other accounts           Aggregate value of contributions to (during year)         (a) Donor advised funds         (b) Funds and other accounts           Aggregate value of orthrbutions to (during year)         (a) Donor advised funds         (b) Funds and other accounts           Aggregate value of orthrbutions to (during year)         (a) Donor advised funds         (b) Funds and other accounts           Aggregate value of orthrbutions to (during year)         (c) Did the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?         Yes           Part II         Conservation Easements. Complete if the organization (check all that apply).         Preservation of and for public use (for example, recreation or education)         Preservation of a conservation easements.           Purpose(s) of conservation easements.         2a         2a         1ed at the End of the Tax           Complete lines 2a through 2d if the organization ficheck all that apply.         Preservation of and conservation easements         2a           Total number of conserva	nber
organization answered "Yes" on Form 990, Part IV, line 6.       (a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) Donor advised funds       (b) Funds and other accounts         3       Aggregate value of or of year       (a) Donor advised funds       (b) Funds and other accounts         4       Aggregate value of of of year       (b) Funds and other accounts       (c) Part III       (c) Part III       (c) Part III       (c) Conservation all grantees, choores, and donor advisor in writing that the assets held in donor advisor of for any other purpose conferring impermissible private benefit?       Yes       Yes         Part III       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       I       Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements. Complete if the organization or education)       Preservation of a chilstoric structure         1       Proservation of a person of open space       2       Complete ins 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements         2       Complete ins 2a through 2d if the organization held a qualified conservation conservation easements included in (c) acquired after July 25,2006,	
(a) Donor advised funds       (b) Funds and other accounts         1       Total number at end of year       (a) Donor advised funds       (b) Funds and other accounts         2       Aggregate value of contributions to (during year)       (a) Aggregate value of grants from (during year)       (a) Donor advised funds         3       Aggregate value of grants from (during year)       (a) Donor advisors in writing that the assets held in donor advised funds         are the organization's property, subject to the organization's exclusive legal control?       (b) Wes       (b) Wes         6       Did the organization's property, subject to the organization's exclusive legal control?       (b) Wes       (b) Wes         (a) Donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       (b) Wes         (b) Partose(s) of conservation easements. Complete if the organization or education)       Preservation of and for public us (for example, recreation or education)       Preservation of a certified historic structure         (c) Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       2a         2       Conservation easements on a certified historic structure	
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 of grants from (during year)         5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, chores, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?         1       Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization answered "Yes" on Form 990, Part IV, line 7.         1       Prosestion of land for public use (for example, recreation or education)         Preservation of open space       Preservation of a certified historic structure         Preservation of open space       2         2       Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a) adopt the addpt the addpt the addpt the addpt	
2       Aggregate value of contributions to (during year)	
<ul> <li>Aggregate value of grants from (during year)</li> <li>Aggregate value at end of year</li> <li>Did the organization inform all donors and donors and ovisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of all of public use (for example, recreation or education)</li> <li>Preservation of a conservation easements held by the organization (check all that apply).</li> <li>Preservation of and for public use (for example, recreation or education)</li> <li>Preservation of a conservation easements to a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register</li> <li>3 Number of states where property subject to conservation easement is located</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement ported</li></ul>	
4       Aggregate value at end of year	
5       Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?       Image: the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Image: two the two the organization asserted 'Yes' on Form 990, Part IV, line 7.         7       Purpose(s) of conservation easements held by the organization (check all that apply).       Image: two the organization or education or education)       Image: two the organization easements held by the organization contribution in the form of a conservation easement on the late aday of the tax year.         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Image: two the tax year.         4       Number of conservation easements       Image: two the tax year.       Image: two the tax year.         5       Dotat acreage restricted by conservation easements       Image: two the tax year.       Image: two the tax year.         4       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic during the tax year       Image: two the tax year         4       Number of states where property subject to conservation easement is located       Image: two the tax year         5       Does the organization have a written policy regarding th	
are the organization's property, subject to the organization's exclusive legal control?       Yes         6       Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Yes         1       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of a historically important land area         2       Protection of natural habitat       Preservation of a certified historic structure         3       Preservation of conservation easements       Preservation of a certified historic structure         4       Total number of conservation easements       Preservation of a conservation easements       Za         2       Low of conservation easements on a certified historic structure included in (a)       Zc       Zd         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       Zd         4       Number of states where property subject to conservation easements is located	
<ul> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit?</li> <li>Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.</li> <li>1 Purpose(s) of conservation easements held by the organization (check all that apply).</li> <li>Preservation of land for public use (for example, recreation or education)</li> <li>Preservation of a historically important land area</li> <li>Protection of natural habitat</li> <li>Preservation of open space</li> <li>2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.</li> <li>a Total number of conservation easements</li> <li>b Total acreage restricted by conservation easements</li> <li>c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register</li> <li>3 Number of states where property subject to conservation easements is located</li> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)</li> <li>and section 170(h)(4)(B)(iii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	1
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.       Purpose(s) of conservation easements held by the organization (check all that apply).       Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of open space       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.       Held at the End of the Tax         a       Total number of conservation easements       2a       2b         b       Total acreage restricted by conservation easements       2a         c       Number of conservation easements uncluded in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of states where property subject to conservation easement is located	No
impermissible private benefit?       Yes         Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Impermissible private benefit?       Yes         Impermissible privation of a centified historic structure       Yes         Impermissible privation of a centified historic structure       Yes         Impermissible privation beasements on a ce	
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.         a       Total number of conservation easements on a certified historic structure included in (a)       2b         c       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4       Number of states where property subject to conservation easement is located	1
1       Purpose(s) of conservation easements held by the organization (check all that apply).         Preservation of land for public use (for example, recreation or education)       Preservation of a historically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       2         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.         a       Total number of conservation easements         b       Total acreage restricted by conservation easements         c       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements with year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         and section 170(h)(4)(B)(ii)?       Yes         9       In Part XIII, describe h	No
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area   Protection of natural habitat Preservation of a certified historic structure   Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.   a Total number of conservation easements 2a   b Total acreage restricted by conservation easements 2b   c Number of conservation easements on a certified historic structure included in (a) 2c   d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year   4 Number of states where property subject to conservation easements is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)   and section 170(h)(4)(B)(ii)?   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	
Protection of natural habitat   Preservation of open space   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.   a Total number of conservation easements   b Total acreage restricted by conservation easements   c Number of conservation easements on a certified historic structure included in (a)   d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year year   4 Number of states where property subject to conservation easements is located   5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year   7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?   9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
Preservation of open space   2   Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.   a   Total number of conservation easements   b   Total acreage restricted by conservation easements   c   Number of conservation easements on a certified historic structure included in (a)   d   Number of conservation easements on a certified historic structure included in (a)   d   Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register   3   Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the la day of the tax year.       Image: Total number of conservation easements         a       Total number of conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located         5       Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         8       Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)         9       In Part XIII, describe how the organization reports conservation ea	
day of the tax year.       Held at the End of the Tax         a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
a Total number of conservation easements       2a         b Total acreage restricted by conservation easements       2b         c Number of conservation easements on a certified historic structure included in (a)       2c         d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4 Number of states where property subject to conservation easement is located	
b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located	rear
c       Number of conservation easements on a certified historic structure included in (a)       2c         d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year       2d         4       Number of states where property subject to conservation easement is located	
d       Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located	
<ul> <li>historic structure listed in the National Register</li> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Boes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>Yes</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year</li></ul>	
<ul> <li>year</li> <li>Number of states where property subject to conservation easement is located</li> <li>Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>A Number of states where property subject to conservation easement is located</li></ul>	
<ul> <li>5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>G Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	No
<ul> <li>7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	JINO
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the</li> </ul>	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1\$	
(ii) Assets included in Form 990, Part X \$	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

	dule D (Form 990) 2022 FAMILY t III Organizations Maintaining C	PROMISE OF						Page 2
3	Using the organization's acquisition, access							
U	collection items (check all that apply):		s, check any of the	Tonowing that make	Signinoant us	01113		
а		d	Loan or exc	hange program				
b	Scholarly research	e	Other					
c	Preservation for future generations	-						
4	Provide a description of the organization's c	ollections and explair	n how thev further t	he organization's ex	empt purpose	e in Part	XIII.	
5	During the year, did the organization solicit of							
	to be sold to raise funds rather than to be m		•				Yes	No No
Par							ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	ot included			
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII							
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •		Yes	
	If "Yes," explain the arrangement in Part XIII					<u></u>		
Par	t V   Endowment Funds. Complete	(a) Current year	(b) Prior year	(c) Two years back		re back	(a) Four	/ears back
		., ,	., ,				(e) i oui	
	Beginning of year balance	10,417.	10,397.	10,319.	, 10	0,159.		9,947.
	Contributions	-602.	20.	78.		160.		21.2
	Net investment earnings, gains, and losses	-002.	20.	/0	,			212.
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses End of year balance	9,815.	10,417.	10,397.	10	),319.		10,159.
g 2	Provide the estimated percentage of the cur	,			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10,100.
	Board designated or quasi-endowment	• 0000	%					
	Permanent endowment 100.0000	%						
	Term endowment .0000							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the			
	organization by:	-					Г	res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipn	nent.						
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	See Form 990, Part 2	K, line 10.			
	Description of property	<b>(a)</b> Cost or of basis (investn		• • •	Accumulated epreciation		<b>(d)</b> Book	value
1a	Land							
	Buildings							
	Leasehold improvements			0,382.	22,849			,533.
d	Equipment		9	1,547.	65,205	<b>5</b> .	26	,342.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)			323	,875.

Schedule D (Form 990) 2022

Sched	ule D (Form 990) 2022 FAMILY PROM	ISE OF	WESTER	N NEW YOR	K	16-1474044	Page <b>3</b>
Part							
	Complete if the organization answered "Yes"					and of year market	<u>, alua</u>
	escription of security or category (including name of security)	( <b>d</b> ) Boo	ok value	(c) Method o	r valuation: Cost or	end-of-year market v	alue
	ancial derivatives						
(2) OR (3) Ot	osely held equity interests						
( <b>3</b> ) Oti (A)	lei						
(A) (B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (	Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part	VIII Investments - Program Related.						
	Complete if the organization answered "Yes"	1					
	(a) Description of investment	(b) Boo	ok value	(c) Method o	f valuation: Cost or	end-of-year market	/alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)	Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part							
. art	Complete if the organization answered "Yes"	on Form 990	). Part IV. line	11d. See Form 99	0. Part X. line 15.		
	-	Description	-,,,		_,	(b) Book va	alue
(1)	FUNDS HELD BY FOUNDATION		WISH PH	ILANTHROP	IES	10	,418.
(2)	FUNDS HELD BY THE COMMUNI						-
(3)	BUFFALO					99	,000.
(4)	RIGHT OF USE ASSET					74	,488.
(5)							
(6)							
(7)							
(8)							
(9)							
	(Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)				183	,906.
Part							
	Complete if the organization answered "Yes"	on Form 990	D, Part IV, line	11e or 11f. See Fo	orm 990, Part X, lin		
1.	(a) Description of liability					(b) Book va	aiue
(1)	Federal income taxes						
(2)	CURRENT INSTALLMENTS OF C	PERATI	NG			10	101
(3)	LEASE OPERATING LEASE						,404. ,084.
(4)	OFERATING DEASE					04	,004.
(5)							
(6)							
(7)							
<u>(8)</u> (9)							
	(Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)				74	,488.
	bility for uncertain tax positions. In Part XIII. provide	,			s financial stateme		,

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...

Sche	dule D (Form 990) 2022 FAMILY PROMISE OF WESTERN	NEW	YORK	16-	1474044 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents V	Vith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,064,095.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,973.		
е	Add lines 2a through 2d			2e	15,973.
3	Subtract line 2e from line 1			3	1,048,122.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			_
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,048,122.
Pa	t XII Reconciliation of Expenses per Audited Financial State		With Expenses per	Retu	irn.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				705 214
1	Total expenses and losses per audited financial statements			1	725,314.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1		
а	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С	Other losses			-	
d	Other (Describe in Part XIII.)				15 072
-	Add lines 2a through 2d			2e	15,973.
3	Subtract line 2e from line 1			3	709,341.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	I	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	<b>4</b> b			0
С	Add lines 4a and 4b			4c	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	709,341.
Pa	t XIII Supplemental Information.				

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

#### PART X, LINE 2:

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

Schedule D (Form 990) 2022 FAMILY PROMISE OF WESTERN NEW YORK Part XIII Supplemental Information (continued)	16-1474044 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPS/NET WITH REVENUE	15,973.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPS/NET WITH REVENUE	15,973.
	Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Informa	ation Regard	ling Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	or 19,	or if the	2022
Department of the Treasury		•	ttach to Form 9						Open to Public
Internal Revenue Service		o www.irs.gov/	Form990 for ins	structions	and t	he latest informatio	on.	<b>F</b>	Inspection
Name of the organization		PROMISE	OF WESTE	RN NE	wγ	ORK		16-147	dentification number 74044
Part I Fundrais						n Form 990, Part IV,	line 1		
required to	complete this par	t.							
<ol> <li>Indicate whether th</li> <li>Mail solicitat</li> </ol>	-	ed funds throu		-		Check all that apply overnment grants			
	email solicitations	5			0	nment grants			
c 📃 Phone solici	tations			ecial fundra					
d In-person so									
2 a Did the organization						flicers, directors, tru undraising services?			es No
<b>b</b> If "Yes," list the 10				-		-			
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres	s of individual			(iii)	Did	(iv) Gross receipts		Amount paid	
or entity (fund		(ii)	Activity	have c or cor	ustody trol of	from activity	Ì,	or retained b fundraiser	y) to (or retained by) organization
					utions?		lis	ted in col. (i)	
				Yes	No				
Tatal									
Total           3 List all states in whi	ich the organizatio	n is registered	or licensed to so	licit contrib	oution	l s or has been notified	L ditis	exempt from	I registration
or licensing.									

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro		, <u>, , , , , , , , , , , , , , , , , , </u>	0	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CHOCTOBERFES			(add col. (a) through
				HOLIDAY	4	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	16,290.	15,975.	21,533.	53,798.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	16,290.	15,975.	21,533.	53,798.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment		1,882.	9,514.	15,973.
	9	Other direct expenses			•	15,973.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				37,825.
Pa	art I					0170201
		\$15,000 on Form 990-EZ, line 6a.		, , , ,		
۵			<b>(a)</b> Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enue			(a) birigo	bingo/progressive bingo		col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct [	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
	ı Is t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac No," explain:	ctivities in each of these			YesNo
		ere any of the organization's gaming licenses re Yes," explain:		-		Yes No

232082 10-27-22

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	FAMILY	PROMISE	OF WES	TERN NE	EW YORK	16-1	47404	<b>4</b> Page <b>3</b>
11	Does the organization conduct g	gaming activities	with nonmemb	ers?				Yes	No
	Is the organization a grantor, be								
	to administer charitable gaming	?						Yes	🗌 No
13	Indicate the percentage of gami								
a	a The organization's facility							13a	%
k	• An outside facility							13b	%
14	Enter the name and address of t	the person who p	prepares the org	ganization's ga	aming/specia	l events books and	records:		
	Nama								
	Name								
	Address								
<b>1</b> 5a	a Does the organization have a co	ntract with a thir	d party from wh	hom the organ	ization receiv	es gaming revenue	e?	Yes	No No
t	If "Yes," enter the amount of gai	mina revenue rec	ceived by the or	rganization	\$	and t	he amount		
	of gaming revenue retained by t			3	·				
c	If "Yes," enter name and addres		-						
	Name								
	Address								
16	Gaming manager information:								
16	Gaming manager information.								
	Name								
	Gaming manager compensation	\$							
	Description of services provided	l							
			. г						
	Director/officer		e L		ent contracto	r			
17	Mandatory distributions:								
	Is the organization required und	er state law to m	ake charitable o	distributions fr	om the gamir	na proceeds to			
	retain the state gaming license?				<b>3</b>			🗌 Yes	🗌 No
k	Enter the amount of distribution	s required under	state law to be	distributed to	other exemp	ot organizations or	spent in the		
_	organization's own exempt activ								
Pa	rt IV Supplemental Info		-	-	•		and (v); and Pa	rt III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Als	so provide any a	additional infor	mation. See	instructions.			

Schedule G	i (Form 990) Supplemental Inf	FAMILY	PROMISE	OF WESTERN	NEW	YORK	16-1474044 Page 4
Part IV	Supplemental Inf	ormation (conti	inued)				

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

Employer identification number

OMB No 1545-0047

FAMILY PROMISE OF WESTERN NEW YORK

16-1474044

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

KEEPING FAMILIES EXPERIENCING HOMELESSNESS TOGETHER BY OFFERING

EMERGENCY HOUSING AND COMPASSIONATE SUPPORT AS THEY WORK TO FIND THEIR

WAY BACK HOME.

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

COPY OF 990 IS PROVIDED TO THE BOARD MEMBERS FOR REVIEW VIA EMAIL OR AT THE

NEXT MEETING DEPENDING ON THE TIME ALLOWANCE.

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

WRITTEN CONFLICT OF INTEREST POLICY IS REVIEWED ANUALLY.

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

COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE.

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

GOVERNING DOCUMENTS AND POLICIES AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.