

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 For the 2020 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RMHC OF WESTERN NEW YORK, INC.		D Employer identification number 22-2438932
	Doing business as		E Telephone number 716-883-1177
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,307,639.
	780 WEST FERRY STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14222		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: SALLY S. VINCENT SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: RMHCWNY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1982 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE PROGRAMS THAT STRENGTHEN FAMILIES DURING THEIR MOST DIFFICULT OR CHALLENGING TIMES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	22	
	6	Total number of volunteers (estimate if necessary)	134	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	Prior Year		Current Year	
	8	Contributions and grants (Part VIII, line 1h)	714,101.	759,233.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	155,973.	112,445.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,023.	50,844.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	888,097.	922,522.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	490,448.	526,239.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	91,451.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,344.	338,836.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	817,792.	865,075.
19	Revenue less expenses. Subtract line 18 from line 12	70,305.	57,447.	
Net Assets or Fund Balances	Beginning of Current Year		End of Year	
	20	Total assets (Part X, line 16)	5,440,598.	5,759,853.
	21	Total liabilities (Part X, line 26)	114,439.	64,319.
22	Net assets or fund balances. Subtract line 21 from line 20	5,326,159.	5,695,534.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Sally S. Vincent</i>	Date: <i>10/21/2021</i>			
	Type or print name and title: SALLY S. VINCENT, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name: SARAH M. HOPKINS, CPA	Preparer's signature: <i>Sarah M. Hopkins, CP</i>	Date: 09/30/21	Check if self-employed: <input type="checkbox"/>	PTIN: P02010701
	Firm's name: LUMSDEN & MCCORMICK, LLP	Firm's EIN: 16-0765486	Firm's address: 369 FRANKLIN STREET	Phone no.: (716) 856-3300	
	BUFFALO, NY 14202				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO CREATE AND SUPPORT PROGRAMS THAT DIRECTLY IMPROVE THE HEALTH AND WELL-BEING OF CHILDREN AND THEIR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 582,339. including grants of \$) (Revenue \$) RMHC OF WESTERN NEW YORK, INC. OWNS AND OPERATES THE RONALD MCDONALD HOUSE OF BUFFALO. THE 15-BEDROOM FACILITY, WHICH OPENED ITS DOORS IN 1983, PROVIDES AFFORDABLE LODGING TO FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN WHO MUST LEAVE THEIR OWN COMMUNITY TO SEEK MEDICAL CARE FOR THEIR CHILD. THE HOUSE SERVES CHILDREN RECEIVING TREATMENT AT JOHN R. OISHEI CHILDREN'S HOSPITAL OF BUFFALO, ROSWELL PARK CANCER INSTITUTE, AND ALL AREA MEDICAL FACILITIES SERVING CHILDREN. IN 2017, SUITE RENOVATIONS COMENCED AT THE HOUSE, ALLOWING THEM TO ACCOMADATE FAMILIES WHO REQUIRE A PRIVATE BATHROOM AND ADDITIONAL LIVING SPACE FOR AN EXTENDED STAY.

FAMILIES OF SERIOUSLY ILL OR INJURED CHILDREN AGE 21 AND UNDER ARE

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 582,339.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
28a	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <i>Note: All Form 990 filers are required to complete Schedule O</i>	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

Form 990 (2020) with various sections (2a-16) and columns for Yes/No. Includes questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign country accounts, prohibited tax shelter transactions, annual gross receipts, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a-9), Yes/No checkboxes, and a grid for responses. Includes questions about voting members, family relationships, and governance documents.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and a grid for responses. Includes questions about local chapters, conflict of interest policies, and whistleblower policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALLY S. VINCENT EXECUTIVE DIRECTOR	40.00			X				97,900.	0.	10,255.
(2) JANICE LARSON PRESIDENT	5.00	X		X				0.	0.	0.
(3) CHRISTOPHER LOTEMPIO 1ST VICE PRESIDENT	5.00	X		X				0.	0.	0.
(4) KEVIN BRAYER 2ND VICE PRESIDENT	5.00	X		X				0.	0.	0.
(5) THOMAS P. GROGRAN, CPA TREASURER	5.00	X		X				0.	0.	0.
(6) ELIZABETH M. SAVINO, ESQ. SECRETARY	5.00	X		X				0.	0.	0.
(7) NICHOLAS ALBERALLA ASSISTANT TREASURER	5.00	X		X				0.	0.	0.
(8) REBECCA E. PRATT, MD ASSISTANT SECRETARY	5.00	X		X				0.	0.	0.
(9) RAYMOND J. BEDNARSKI, AIA, LEED DIRECTOR	1.00	X						0.	0.	0.
(10) KRISTEN BIRMINGHAM, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(11) ERIC CLAUSS DIRECTOR	1.00	X						0.	0.	0.
(12) BRANDI J. FREIMAN, MS, RDN DIRECTOR	1.00	X						0.	0.	0.
(13) GREGG GALLSON, CPA DIRECTOR	1.00	X						0.	0.	0.
(14) PHYLISS A. HAFNER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(15) JEANNINE HIGGINS DIRECTOR	1.00	X						0.	0.	0.
(16) KIMBERLY RICH-LUPKIN DIRECTOR	1.00	X						0.	0.	0.
(17) JAMES OLEK DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTI PETERSON, DDS DIRECTOR	1.00	X						0.	0.	0.
(19) JENNIFER L. RIZZO-CHOI, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(20) DAVID SCHLANT DIRECTOR	1.00	X						0.	0.	0.
(21) GEORGE TERHAAR DIRECTOR	1.00	X						0.	0.	0.
(22) GARY WEBER DIRECTOR	1.00	X						0.	0.	0.
(23) WILLIAM T. WITZLEBEN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								97,900.	0.	10,255.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								97,900.	0.	10,255.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	23,275.				
	1 b	Membership dues					
	1 c	Fundraising events	125,029.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	84,327.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	526,602.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 68,713.				
	1 h	Total. Add lines 1a-1f	759,233.				
Program Service Revenue	2 a _____		Business Code				
	2 b _____						
	2 c _____						
	2 d _____						
	2 e _____						
	2 f All other program service revenue						
	2 g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			90,743.		90,743.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a	Gross rents		(i) Real	(ii) Personal		
		6 a	82,890.				
		6 b	Less: rental expenses	50,595.			
	6 c	Rental income or (loss)	32,295.				
	6 d Net rental income or (loss)			32,295.		32,295.	
	7 a	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
		7 a	336,372.				
		7 b	Less: cost or other basis and sales expenses	314,670.			
	7 c	Gain or (loss)	21,702.				
	7 d Net gain or (loss)			21,702.		21,702.	
	8 a	Gross income from fundraising events (not including \$ 125,029. of contributions reported on line 1c). See Part IV, line 18		8 a	38,401.		
8 b Less: direct expenses		8 b	19,852.				
8 c Net income or (loss) from fundraising events			18,549.		18,549.		
9 a	Gross income from gaming activities. See Part IV, line 19		9 a				
	9 b Less: direct expenses		9 b				
	9 c Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances		10 a				
	10 b Less: cost of goods sold		10 b				
	10 c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____		Business Code				
	11 b _____						
	11 c _____						
	11 d All other revenue						
	11 e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			922,522.	0.	0.	163,289.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	108,155.	48,670.	32,446.	27,039.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	348,434.	267,808.	59,659.	20,967.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,452.	5,452.		
9 Other employee benefits	26,177.	25,545.	330.	302.
10 Payroll taxes	38,021.	26,861.	7,411.	3,749.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,246.		26,246.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	38,763.		24,263.	14,500.
12 Advertising and promotion	5,606.			5,606.
13 Office expenses	33,273.	11,645.	19,414.	2,214.
14 Information technology				
15 Royalties				
16 Occupancy	23,378.	19,871.	2,338.	1,169.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,912.	9,736.	525.	651.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,765.	50,801.	5,976.	2,988.
23 Insurance	20,938.	17,799.	2,093.	1,046.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	29,786.	26,152.	2,423.	1,211.
b FOOD	23,837.	23,837.		
c VOLUNTEER RECOGNITION	20,545.	20,545.		
d SUPPLIES	13,380.	13,316.		64.
e All other expenses	32,407.	14,301.	8,161.	9,945.
25 Total functional expenses. Add lines 1 through 24e	865,075.	582,339.	191,285.	91,451.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	214,259.	1	219,927.
	2	Savings and temporary cash investments	670,904.	2	798,301.
	3	Pledges and grants receivable, net	58,912.	3	65,063.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,042.	9	28,291.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,138,986.		
	10b	Less: accumulated depreciation	10b 1,382,584.		
	11	Investments - publicly traded securities	3,023,291.	11	3,590,005.
	12	Investments - other securities. See Part IV, line 11	663,732.	12	301,864.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,440,598.	16	5,759,853.	
Liabilities	17	Accounts payable and accrued expenses	47,901.	17	16,191.
	18	Grants payable	58,860.	18	37,800.
	19	Deferred revenue	2,000.	19	3,200.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	5,678.	21	7,128.
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	114,439.	26	64,319.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	4,667,878.	27	4,915,709.
	28	Net assets with donor restrictions	658,281.	28	779,825.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	5,326,159.	32	5,695,534.	
33	Total liabilities and net assets/fund balances	5,440,598.	33	5,759,853.	

Form 990 (2020)

Part 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	922,522.
2	Total expenses (must equal Part IX, column (A), line 25)	2	865,075.
3	Revenue less expenses. Subtract line 2 from line 1	3	57,447.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,326,159.
5	Net unrealized gains (losses) on investments	5	311,928.
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	5,695,534.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization RMHC OF WESTERN NEW YORK, INC.	Employer identification number 22-2438932
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 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 the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - 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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:

g Provide the following 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))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	670,346.	667,565.	587,607.	714,101.	759,233.	3398852.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	670,346.	667,565.	587,607.	714,101.	759,233.	3398852.
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)						425,784.
6 Public support. Subtract line 5 from line 4						2973068.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	670,346.	667,565.	587,607.	714,101.	759,233.	3398852.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	132,308.	136,782.	137,721.	104,396.	123,038.	634,245.
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.)	64,684.	77,815.	5,938.	12,887.	18,549.	179,873.
11 Total support. Add lines 7 through 10						4212970.
12 Gross receipts from related activities, etc. (see instructions)					12	54,218.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	70.57 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	64.22 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in line 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		

Section 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).		

Section 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?		
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 in 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 year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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 in 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.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
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	

Section C - Distributable Amount		(A) Prior Year	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).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING EVENTS

2016 AMOUNT: \$ 64,684.

2017 AMOUNT: \$ 77,815.

2018 AMOUNT: \$ 5,938.

2019 AMOUNT: \$ 12,887.

2020 AMOUNT: \$ 18,549.

Multiple horizontal lines for providing additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020 Open to Public Inspection

Name of the organization

RMHC OF WESTERN NEW YORK, INC.

Employer identification number

22-2438932

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
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 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 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) 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 organization's accounting for conservation easements.

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:
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:

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

Schedule D (Form 990) 2020

032051 12-01-20

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	636,781.	562,632.	579,897.	523,481.	500,000.
b Contributions					
c Net investment earnings, gains, and losses	49,944.	74,149.	-17,265.	56,416.	4,931.
d Grants or scholarships					
e Other expenditures for facilities and programs	17,800.				4,931.
f Administrative expenses					
g End of year balance	668,925.	636,781.	562,632.	579,897.	500,000.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 74.7500 %
 - c Term endowment 25.2500 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|-------------------------------------|
| (i) Unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,000.		20,000.
b Buildings		1,829,668.	1,176,754.	652,914.
c Leasehold improvements				
d Equipment		243,741.	191,339.	52,402.
e Other		45,577.	14,491.	31,086.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				756,402.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) FIXED TERM ANNUITIES	301,864.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	301,864.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,228,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	311,928.	
b	Donated services and use of facilities	2b	639.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		312,567.
3	Subtract line 2e from line 1	3		916,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,246.	
b	Other (Describe in Part XIII.)	4b	-19,852.	
c	Add lines 4a and 4b	4c		6,394.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		922,522.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	859,320.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	639.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	19,852.	
e	Add lines 2a through 2d	2e		20,491.
3	Subtract line 2e from line 1	3		838,829.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	26,246.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		26,246.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		865,075.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

FUNDS ARE FOR SECURITY DEPOSITS HELD IN A SEPARATE BANK ACCOUNT.

PART V, LINE 4:

ENDOWMENT FUNDS ARE INTENDED TO BE USED TO HELP PROMOTE RMHC OF WESTERN NEW YORK, INC.'S PROGRAMS AND MISSION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES -19,852.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 19,852.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

RMHC OF WESTERN NEW YORK, INC.

Employer identification number

22-2438932

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Blank lines for listing states.

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		5K RUN & FUN	GOLF	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	73,078.	90,352.	163,430.
	2	Less: Contributions	59,120.	65,909.	125,029.
	3	Gross income (line 1 minus line 2)	13,958.	24,443.	38,401.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	105.	11,662.	11,767.
	8	Entertainment			
	9	Other direct expenses	8,085.		8,085.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			19,852.
	11	Net income summary. Subtract line 10 from line 3, column (d)			18,549.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **RMHC OF WESTERN NEW YORK, INC.** Employer identification number **22-2438932**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,753. FMV	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	4	17,539. FMV	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>VEHICLE</u>)	X	1	20,974. FMV	
26 Other ▶ (<u>ENTERTAINMENT</u>)	X	4	15,918. FMV	
27 Other ▶ (<u>REPAIRS AND M</u>)	X	4	5,559. FMV	
28 Other ▶ (<u>OFFICE EXPENS</u>)	X	5	2,970. FMV	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

RMHC OF WESTERN NEW YORK, INC.

Employer identification number
22-2438932

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

ELIGIBLE TO STAY AT THE RONALD MCDONALD HOUSE OF BUFFALO. THEY MUST BE REFERRED BY A PHYSICIAN AND BE UNDERGOING INPATIENT OR OUTPATIENT CARE AT A MEDICAL FACILITY. TO SUPPORT ONGOING OPERATIONS, WE ENCOURAGE, BUT DO NOT REQUIRE, GUESTS TO MAKE A DONATION OF \$15 PER NIGHT, OR WHATEVER THEY ARE ABLE, IN ORDER TO CONTINUE OPERATIONS FOR FUTURE GUESTS. HOWEVER, NO FAMILY IS EVER TURNED AWAY DUE TO THE INABILITY TO CONTRIBUTE.

FUNDS ARE SOLICITED THROUGH THE "HEROES & HUGS" NEWSLETTER PRINTED AND DISTRIBUTED THREE TIMES A YEAR, TWO DIRECT MAIL SOLICITATIONS AND FUNDRAISING. NON-CASH DONATIONS OF GOODS AND IN-KIND SERVICES TOTALING \$69,352 WERE RECEIVED IN 2020. MOST SIGNIFICANT NON-CASH DONATIONS AND IN-KIND SERVICES ARE FOR FOOD, HOUSEHOLD GOODS AND PROFESSIONAL SERVICES.

IN A NORMAL YEAR, APPROXIMATELY 45 WEEKLY VOLUNTEERS HELP TO SUPPORT THE STAFF AND FAMILIES OF THE RONALD MCDONALD HOUSE BY PROVIDING LIGHT HOUSEKEEPING FOR THE 14,000 SQUARE FOOT FACILITY, OFFICE ASSISTANCE, MEAL PREPARATION, AND LANDSCAPING. VOLUNTEERS PROVIDE APPROXIMATELY 12,200 HOURS EACH YEAR, WHICH REDUCES THE NEED TO HIRE ADDITIONAL STAFF TO PROVIDE THESE NECESSARY SERVICES. UNFORTUNATELY, THE 2020 PANDEMIC PRECLUDED VOLUNTEERS FROM HELPING AT THE RONALD MCDONALD HOUSE. THE 22-MEMBER BOARD OF DIRECTORS MEETS REGULARLY AND PROVIDE LEADERSHIP THROUGH THEIR SERVICE ON VARIOUS STANDING COMMITTEES.

Name of the organization

RMHC OF WESTERN NEW YORK, INC.

Employer identification number

22-2438932

IN NOVEMBER 2017, RONALD MCDONALD HOUSE CHARITIES PARTNERED WITH THE NEW JOHN R. OISHEI CHILDREN'S HOSPITAL AND OPENED A LOUNGE FOR PATIENTS AND FAMILIES. THE FAMILY LOUNGE IS SPONSORED BY RONALD MCDONALD HOUSE CHARITIES OF WESTERN NEW YORK, INC. AND EXPANDS REACH IN WESTERN NEW YORK.

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

THE EXECUTIVE DIRECTOR IS PROVIDED A COPY OF THE 990 TO REVIEW WITH THE TREASURER OF THE BOARD OF DIRECTORS (OR DESIGNATED MEMBERS OF THE BOARD OF DIRECTORS) AND THE FINANCE COMMITTEE. ONCE REVIEWED, THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

BOARD MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY, AND DISCLOSED CONFLICTS ARE DISCUSSED. BOARD MEMBERS EXCUSE THEMSELVES FROM VOTING ON ITEMS INVOLVING A CONFLICT OF INTEREST.

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

THE COMPENSATION COMMITTEE MEETS ANNUALLY TO REVIEW CURRENT STAFFING AND RELATED COMPENSATION. DURING REVIEW, THE COMMITTEE CONSIDERS ECONOMIC CONDITIONS, INFLATION AND EMPLOYEE PERFORMANCE WHEN DETERMINING RAISES THAT ARE TO BE PROPOSED TO AND APPROVED BY THE BOARD OF DIRECTORS.

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

SUCH INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

RMHC OF WESTERN NEW YORK, INC.

FINANCIAL STATEMENTS

DECEMBER 31, 2020

INDEPENDENT AUDITORS' REPORT

The Board of Directors
RMHC of Western New York, Inc.

We have audited the accompanying statements of financial position of RMHC of Western New York, Inc. (the Organization) as of December 31, 2020 and 2019, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

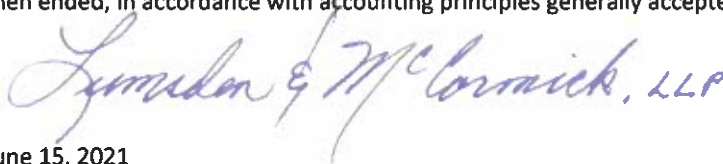
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2020 and 2019, and the changes in its net assets and cash flows for the years then ended, in accordance with accounting principles generally accepted in the United States of America.



June 15, 2021

RMHC OF WESTERN NEW YORK, INC.

Statements of Financial Position

December 31,	2020	2019
Assets		
Current assets:		
Cash	\$ 219,927	\$ 214,262
Short-term investments	488,799	587,868
Contributions receivable	65,063	58,912
Prepaid expenses	28,291	26,041
	<u>802,080</u>	<u>887,083</u>
Noncurrent assets:		
Investments (Note 2)	4,201,371	3,770,058
Property and equipment, net (Note 3)	756,402	783,457
	<u>\$ 5,759,853</u>	<u>\$ 5,440,598</u>
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 16,191	\$ 47,901
Deferred revenue	3,200	2,000
Rental deposits	7,128	5,678
Grant payable (Note 4)	22,000	22,000
	<u>48,519</u>	<u>77,579</u>
Noncurrent liabilities:		
Grant payable (Note 4)	15,800	36,860
Net assets:		
Without donor restrictions	4,915,709	4,667,878
With donor restrictions (Note 6)	779,825	658,281
	<u>5,695,534</u>	<u>5,326,159</u>
	<u>\$ 5,759,853</u>	<u>\$ 5,440,598</u>

See accompanying notes.

RMHC OF WESTERN NEW YORK, INC.

Statement of Activities

For the year ended December 31, 2020

	Without Donor Restrictions	With Donor Restrictions	Total
Operating revenue:			
Contributions			
Public support	\$ 335,181	\$ 3,550	\$ 338,731
RMHC Global	25,474	50,000	75,474
Paycheck Protection Program loan (Note 5)	84,327	-	84,327
In-kind	69,352	-	69,352
Room donations	3,459	-	3,459
Special events revenue	163,430	-	163,430
Rental, net of expenses of \$50,595	32,295	-	32,295
Net assets released from restrictions	16,950	(16,950)	-
Total operating revenues	<u>730,468</u>	<u>36,600</u>	<u>767,068</u>
Operating expenses:			
Program services			
Ronald McDonald House	531,950	-	531,950
Ronald McDonald Family Room	51,028	-	51,028
Supporting services			
Management and general	165,039	-	165,039
Fundraising and development	91,451	-	91,451
Costs of direct benefit to donors	19,852	-	19,852
Total operating expenses	<u>859,320</u>	<u>-</u>	<u>859,320</u>
Change in net assets from operating activities	<u>(128,852)</u>	<u>36,600</u>	<u>(92,252)</u>
Nonoperating activities:			
Contributions	-	63,500	63,500
Investment activity (Note 2)	348,183	49,944	398,127
Net assets released from restrictions	28,500	(28,500)	-
Total nonoperating activities	<u>376,683</u>	<u>84,944</u>	<u>461,627</u>
Change in net assets	247,831	121,544	369,375
Net assets - beginning	<u>4,667,878</u>	<u>658,281</u>	<u>5,326,159</u>
Net assets - ending	<u>\$ 4,915,709</u>	<u>\$ 779,825</u>	<u>\$ 5,695,534</u>

See accompanying notes.

RMHC OF WESTERN NEW YORK, INC.

Statement of Activities

For the year ended December 31, 2019

	Without Donor Restrictions	With Donor Restrictions	Total
Operating revenue:			
Contributions			
Public support	\$ 427,305	\$ 35,000	\$ 462,305
RMHC Global	72,621	-	72,621
Paycheck Protection Program loan	-	-	-
In-kind	53,324	-	53,324
Room donations	10,561	-	10,561
Special events revenue	137,437	-	137,437
Rental, net of expenses of \$71,509	5,136	-	5,136
Net assets released from restrictions	18,000	(18,000)	-
Total operating revenues	724,384	17,000	741,384
Operating expenses:			
Program services			
Ronald McDonald House	514,489	-	514,489
Ronald McDonald Family Room	82,073	-	82,073
Supporting services			
Management and general	140,390	-	140,390
Fundraising and development	56,851	-	56,851
Costs of direct benefit to donors	28,584	-	28,584
Total operating expenses	822,387	-	822,387
Change in net assets from operating activities	(98,003)	17,000	(81,003)
Nonoperating activities:			
Contributions	-	23,000	23,000
Investment activity (Note 2)	447,104	74,149	521,253
Net assets released from restrictions	21,500	(21,500)	-
Total nonoperating activities	468,604	75,649	544,253
Change in net assets	370,601	92,649	463,250
Net assets - beginning	4,297,277	565,632	4,862,909
Net assets - ending	\$ 4,667,878	\$ 658,281	\$ 5,326,159

See accompanying notes.

Statement of Functional Expenses

For the year ended December 31, 2020

	Program Services		Supporting Services				Total
	Ronald McDonald House	Ronald McDonald Family Room	Management and General	Fundraising and Development	Costs of Direct Benefit to Donors	Rental Expenses	
Salaries	\$ 277,919	\$ 33,944	\$ 89,029	\$ 45,442	\$ -	\$ 5,843	\$ 452,177
Payroll taxes	24,052	2,809	7,411	3,749	-	484	38,505
Employee benefits	34,457	1,155	3,406	2,866	-	272	42,156
Total personnel costs	336,428	37,908	99,846	52,057	-	6,599	532,838
Depreciation	46,735	4,066	5,976	2,988	-	8,851	68,616
Professional fees	-	-	24,263	14,500	-	-	38,763
Food	20,917	2,920	-	-	11,767	-	35,604
Repairs and maintenance	26,082	70	2,423	1,211	-	12,480	42,266
Volunteer recognition	20,500	45	-	-	-	-	20,545
Supplies	11,416	1,900	-	64	3,618	-	16,998
Utilities	19,871	-	2,338	1,169	-	6,007	29,385
Insurance	17,483	316	2,093	1,046	-	3,009	23,947
Printing and postage	10,907	-	124	2,489	-	-	13,520
Office expenses	11,546	99	19,414	2,214	-	-	33,273
Marketing and meetings	8,325	1,411	525	651	-	-	10,912
Promotions and appeals	-	-	-	5,606	-	-	5,606
Grant	940	-	-	-	-	-	940
Other	800	2,293	8,037	7,456	4,467	13,649	36,702
	\$ 531,950	\$ 51,028	\$ 165,039	\$ 91,451	\$ 19,852	\$ 50,595	\$ 909,915

Statement of Functional Expenses

For the year ended December 31, 2019

	Program Services		Supporting Services				Total
	Ronald McDonald House	Ronald McDonald Family Room	Management and General	Fundraising and Development	Costs of Direct Benefit to Donors	Rental Expenses	
Salaries	\$ 267,082	\$ 49,028	\$ 79,381	\$ 27,356	\$ -	\$ 6,200	\$ 429,047
Payroll taxes	22,183	3,818	6,420	1,936	-	484	34,841
Employee benefits	26,849	1,506	2,494	2,395	-	246	33,490
Total personnel costs	316,114	54,352	88,295	31,687	-	6,930	497,378
Depreciation	46,626	3,054	5,845	2,922	-	8,673	67,120
Professional fees	-	-	20,719	-	-	-	20,719
Food	27,233	15,981	-	-	14,247	-	57,461
Repairs and maintenance	23,904	-	2,812	1,406	-	35,546	63,668
Volunteer recognition	20,313	1,397	-	-	-	-	21,710
Supplies	7,693	4,654	-	199	10,211	-	22,757
Utilities	17,022	-	2,003	1,001	-	6,621	26,647
Insurance	16,162	440	1,953	977	-	3,116	22,648
Printing and postage	10,749	-	555	1,835	-	-	13,139
Office expenses	8,367	99	16,082	100	-	-	24,648
Marketing and meetings	15,339	453	927	1,003	-	-	17,722
Promotions and appeals	-	-	-	9,879	-	-	9,879
Grant	1,323	-	-	-	-	-	1,323
Other	3,644	1,643	1,199	5,842	4,126	10,623	27,077
	\$ 514,489	\$ 82,073	\$ 140,390	\$ 56,851	\$ 28,584	\$ 71,509	\$ 893,896

RMHC OF WESTERN NEW YORK, INC.

Statements of Cash Flows

For the years ended December 31,	2020	2019
Operating activities:		
Change in net assets	\$ 369,375	\$ 463,250
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	68,616	67,120
Loss on disposal of property and equipment	6,763	-
Net realized and unrealized gains on investments	(333,630)	(449,658)
Contributions restricted for long-term purposes	(63,500)	(23,000)
Changes in other assets and liabilities:		
Short-term investments	99,069	(10,777)
Contributions receivable	(6,151)	45,518
Prepaid expenses	(2,250)	(1,528)
Accounts payable and accrued expenses	(31,710)	(16,921)
Deferred revenue	1,200	(975)
Rental deposits	1,450	(1,202)
Grant payable	(21,060)	(20,677)
Net operating activities	88,172	51,150
Investing activities:		
Purchase of property and equipment	(48,324)	(27,768)
Proceeds from sale of investments	336,372	601,534
Purchase of investments	(434,055)	(662,351)
Net investing activities	(146,007)	(88,585)
Financing activities:		
Proceeds from contributions restricted for long-term purposes	63,500	23,000
Change in cash	5,665	(14,435)
Cash - beginning	214,262	228,697
Cash - ending	\$ 219,927	\$ 214,262

See accompanying notes.

Notes to Financial Statements

1. Summary of Significant Accounting Policies

Organization

RMHC of Western New York, Inc. (the Organization) is a New York nonprofit charitable corporation formed in 1982. The mission of the Organization is to create, find and support programs that directly improve the health and well-being of children and their families. The Organization is operated by a local volunteer Board of Directors and is funded primarily by contributions from the local Western New York State community. The Organization keeps families with sick/injured children together and near the care and resources they need.

The following programs represent the core functions of the Organization:

Ronald McDonald House

When children must travel long distances to access top medical care, accommodations and support for families can be expensive or not readily available. The Organization helps families stay close to their ill or injured child through the Ronald McDonald House program located in Buffalo, NY, which provides temporary lodging, meals and other support to children and their families. The program provides families with emotional and physical comfort and increases the caregivers' ability to spend more time with their child, to interact with their clinical care team and to participate in critical medical care decisions.

Ronald McDonald Family Room

When a child is critically ill, parents may be reluctant to leave the hospital. In order to provide comfort and support to their child, it is important that parents have an opportunity to rest, have a meal or have a moment of quiet. Located inside medical care facilities, the Ronald McDonald Family Room program in Oishei Children's Hospital serves as a place of respite, relaxation and privacy for family members, often just steps away from where their child is being treated. The Ronald McDonald Family Room program provides parents with an opportunity to remain close to their hospitalized child and to be an active member of their child's health care team.

Basis of Presentation

The financial statements of the Organization have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Measure of Operations

The Organization's change in net assets from operations on the statements of activities includes all operating revenues and expenses that are an integral part of its program and supporting activities, net assets released from donor restrictions to support operating expenditures and other non-operating funds to support current operating activities. The measure of operations excludes investment return on investments and contributions received for long-term purposes.

Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Cash

Cash in financial institutions may exceed federally insured limits and subject the Organization to concentrations of credit risk at various times during the year.

Short-Term Investments

The Organization classifies money market funds as short-term investments.

Investments

Investments are stated at estimated fair value and consist of marketable securities and fixed term annuities.

Investment holdings are exposed to interest rate, market and credit risks. Due to the level of risk associated with certain investment holdings and the level of uncertainty related to changes in the value of investment holdings, it is at least reasonably possible that changes in values in the near term could materially affect the amounts reported in the accompanying financial statements.

Property and Equipment

Property and equipment are stated at cost or fair market value at the date of donation, net of accumulated depreciation. Maintenance and repairs are charged to operations as incurred; additions of \$1,000 and a useful life greater than one year are capitalized. Depreciation is provided using the straight-line method over estimated useful asset lives as follows:

Buildings and improvements	7-40 years
Furniture and equipment	5-7 years
Vehicles	5-8 years
Hospital lounge	5 years

Net Assets

The Organization's financial position and activities are reported according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions. Net assets with donor restrictions are those whose use has been limited by donors for a specified time period, purpose or to be maintained by the Organization in perpetuity.

Revenue Recognition

Contributions

Contributions, including unconditional promises to give, are reported at fair value at the date the contribution or pledge to give is received. Contributions are recorded as restricted support if they are received with donor stipulations that limit their use. When a donor restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities as net assets released from restrictions.

In-kind contributions consist of noncash donations of assets (primarily equipment), goods (primarily food and supplies), and services. Noncash donations of assets and goods are recognized as contributions at estimated fair value at the date they are received. Donated services are recognized as contributions if the services create or enhance non-financial assets or require specialized skills, are performed by people with those skills, and would otherwise have been purchased by the Organization.

Contributions receivable are stated at the amount management expects to collect from outstanding balances.

Other Revenue Sources

Special events revenue, which consists primarily of sponsorship revenue and attendee fees, is generally recognized when the event occurs. Rental activities are recognized based on space usage.

Functional Expenses

The Organization's costs of providing program and supporting services have been summarized on a functional basis in the statements of functional expenses. Accordingly, certain expenses have been allocated among the programs and supporting services benefited. These expenses include salaries and benefits, which are allocated based on estimates of time and effort, and depreciation, utilities, insurance, and repairs and maintenance, which are allocated based on management's estimate of program benefit. Costs of direct benefit to donors consist of costs incurred by the Organization for the benefit of the attendees of its special events. Rental expenses are direct costs associated to the Organization's rental of real property and are shown net of related revenues in the statements of activities.

Income Taxes

The Organization is a 501(c)(3) corporation exempt from income taxes under §501(a) of the Internal Revenue Code.

Reclassifications

The 2019 financial statements have been reclassified to conform to the presentation adopted for 2020.

2. Investments

	2020	2019
Marketable securities:		
Cash	\$ 309,502	\$ 83,035
Government securities	557,884	476,362
Mutual funds	3,032,121	2,546,929
Fixed term annuities	301,864	663,732
	<u>\$ 4,201,371</u>	<u>\$ 3,770,058</u>

Investment activity consisted of the following for the years ended December 31:

	2020	2019
Dividends and interest, net	\$ 64,497	\$ 71,595
Net realized and unrealized gains	333,630	449,658
	<u>\$ 398,127</u>	<u>\$ 521,253</u>

3. Property and Equipment

	2020	2019
Land	\$ 20,000	\$ 20,000
Building and improvements	1,829,668	1,817,734
Furniture and equipment	243,741	265,046
Vehicles	22,436	31,643
Hospital lounge	23,141	17,951
	<u>2,138,986</u>	<u>2,152,374</u>
Less accumulated depreciation	1,382,584	1,368,917
	<u>\$ 756,402</u>	<u>\$ 783,457</u>

4. Grant Payable

In 2017, the Organization granted \$110,000 to a local children's hospital to support a family lounge and laundry facility. The grant is to be paid over a period of five years. The grant was recognized at net present value of the estimated future cash flows discounted using an appropriate interest rate applicable to the year the grant was made. At December 31, 2020 and 2019, grant payable totaled \$37,800 and \$58,860.

At December 31, 2020, the grant is payable in the following periods:

2021	\$ 22,000
2022	<u>16,500</u>
	38,500
Less: discount	<u>700</u>
	<u>\$ 37,800</u>

5. Paycheck Protection Program Loan

In April 2020, the Organization received a loan of \$84,327 from the Small Business Administration (SBA) under the Paycheck Protection Program of the Coronavirus Aid, Relief and Economic Security (CARES) Act in response to the pandemic discussed in Note 13. The Organization has met the required conditions established by the SBA for loan forgiveness as of December 31, 2020 and the proceeds have been recognized as contribution revenue in the accompanying statement of activities.

6. Net Assets with Donor Restrictions

Net assets with donor restrictions are comprised of the following at December 31:

	2020	2019
Ronald McDonald Family Room operations	\$ 76,600	\$ -
Other	34,300	21,500
Unappropriated earnings on perpetual endowment (Note 6)	168,925	136,781
Accumulated principal of perpetual endowment (Note 6)	<u>500,000</u>	<u>500,000</u>
	<u>\$ 779,825</u>	<u>\$ 658,281</u>

7. Endowment Assets

The Organization's endowment assets arose from donor-restricted gifts that are to be invested in perpetuity, the earnings from which are available for operating expenses. The Organization has adopted investment and spending policies for endowment assets that attempt to provide returns sufficient to address the purposes of the assets over the long-term.

The Board of Directors of the Organization has interpreted the New York Prudent Management of Institutional Funds Act (NYPMIFA) as requiring the preservation of the fair value of the original donor restricted gift as of the gift date absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of gifts donated to be held in perpetuity, (b) the original value of subsequent gifts to the endowment fund, and (c) accumulations to the endowment fund made in accordance with the direction of a donor gift instrument at the time the accumulation is added to the fund.

In accordance with NYPMIFA, the Organization considers the following factors to appropriate or accumulate donor-restricted endowment funds:

- Duration and preservation of the fund
- Purposes of the Organization and the fund
- General economic conditions
- Possible effects of inflation and deflation
- Expected total return from income and appreciation of investments
- Other Organization resources
- Where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect that such alternatives may have on the Organization
- Investment policy of the Organization

Endowment investment income (loss) is reported as an increase (decrease) to net assets with donor restrictions until appropriated for use by the Board of Directors in accordance with the Organization's spending policy.

The Organization's endowment asset activity is as follows for the years ended December 31:

<u>2020</u>	<u>Unappropriated Earnings</u>	<u>Accumulated Principal</u>	<u>Total</u>
Endowment assets - beginning of year	\$ 136,781	\$ 500,000	\$ 636,781
Investment activity:			
Dividends and interest, net	8,091	-	8,091
Net gains	41,853	-	41,853
Total investment activity	49,944	-	49,944
Contributions Appropriated	(17,800)	-	(17,800)
Endowment assets - end of year	<u>\$ 168,925</u>	<u>\$ 500,000</u>	<u>\$ 668,925</u>
<u>2019</u>			
Endowment assets - beginning of year	\$ 62,632	\$ 500,000	\$ 562,632
Investment activity:			
Dividends and interest, net	10,183	-	10,183
Net gains	63,966	-	63,966
Total investment activity	74,149	-	74,149
Contributions Appropriated	-	-	-
Endowment assets - end of year	<u>\$ 136,781</u>	<u>\$ 500,000</u>	<u>\$ 636,781</u>

8. Retirement Plan

The Organization maintains a Savings Incentive Match Plan for Employees of Small Employers (SIMPLE) retirement plan for essentially all full-time employees. The Organization matches 100% of the employees' contribution up to a maximum of 3% of gross salaries to the plan for qualified employees. Employer contributions for the years ended December 31, 2020 and 2019 totaled \$8,389 and \$8,456.

9. Rental Income

The Organization leases residential apartments to tenants on a month to month basis. Rental revenue for these leases totaled \$82,890 and \$76,645 for the years ended December 31, 2020 and 2019.

10. Related Party Transactions

Ronald McDonald House Charities (RMHC) is a system of independent, separately registered public benefit organizations, referred to as "Chapters" within the global organization. RMHC of Western New York, Inc. is an independent operating Chapter within the RMHC system. Each Chapter is licensed by McDonald's Corporation and Ronald McDonald House Charities, Inc. to use the RMHC related trademarks in conjunction with fundraising activities and the operation of its programs; the License Agreement also sets standards of operations for programs, governance, finance, branding, and reporting.

Ronald McDonald House Charities, Inc. (RMHC Global), a separately registered nonprofit organization, ensures delivery of the mission across the globe. RMHC Global provides an infrastructure of support to the network of Chapters, including operations, licensing and compliance, finance, risk management, communications, marketing, and development. The Organization receives 75% of net revenues from all local fundraising efforts facilitated by RMHC Global, as defined by a license agreement. During the years ended December 31, 2020 and 2019, the Organization received \$75,474 and \$72,621, respectively, from these revenue streams.

11. Liquidity

The Organization obtains financial assets generally through contributions, investment activity, special events, and rental income. The financial assets are acquired throughout the year to help meet the Organization's needs for general expenditures.

If necessary, the Organization also has access to noncurrent investments totaling approximately \$3,701,000 not subject to donor restriction or are restricted for operating and similar purposes. Although the Organization does not intend to spend from these assets, the assets could be made available, if necessary, through approval by the Board of Directors.

The Organization has a goal to maintain financial assets, which consist of cash and short-term investments, on hand to meet six months of normal operating expenses, which are approximately \$709,000 and \$802,000 as of December 31, 2020 and 2019.

The Organization's current financial assets available within one year of the balance sheet date to meet cash needs for general expenditures consist of the following at December 31:

	2020	2019
Cash	\$ 219,927	\$ 214,262
Short-term investments	488,799	587,868
Contributions receivable	65,063	58,192
	<u>\$ 773,789</u>	<u>\$ 860,322</u>

12. Fair Value Measurements

Accounting guidance requires a three-level fair value hierarchy that prioritizes the inputs used to measure assets at fair value. The three levels of the fair value hierarchy are as follows:

Level 1 – Quoted prices in active markets for identical assets that the Organization has the ability to access on the reporting date.

Level 2 – Observable prices that are based on inputs not quoted in active markets, but which are corroborated by market data.

Level 3 – Inputs that are unobservable for the asset. Valuations incorporate significant professional judgment to determine the fair value assigned to such assets, including assumptions that a market participant would use in pricing the asset.

The fair value hierarchy gives the highest priority to Level 1 inputs and the lowest priority to Level 3 inputs.

The fair values of investment assets are as follows as of December 31:

	Based on	
	Level 1	Level 2
2020		
Cash	\$ 309,502	\$ -
Government securities	557,884	-
Mutual funds	3,032,121	-
Fixed term annuities	-	301,864
	<u>\$ 3,899,507</u>	<u>\$ 301,864</u>
	Based on	
	Level 1	Level 2
2019		
Cash	\$ 83,035	\$ -
Government securities	476,362	-
Mutual funds	2,546,929	-
Fixed term annuities	-	663,732
	<u>\$ 3,106,326</u>	<u>\$ 663,732</u>

13. Risks and Uncertainties due to COVID-19

On January 31, 2020, the United States Secretary of Health and Human Services (HHS) declared a public health emergency related to the global spread of coronavirus COVID-19, and a pandemic was declared by the World Health Organization in February 2020. Efforts to fight the widespread disease included limiting or closing many businesses and resulted in a severe disruption of operations for organizations. Financial markets also experienced significant fluctuations in value.

The extent of the impact of COVID-19 on the Organization's operational and financial performance will depend on further developments, including the duration and spread of the outbreak, and its impact on individuals, employees, and the Organization's donors, all of which cannot be predicted.

14. Subsequent Events

Management has evaluated events and transactions for potential recognition or disclosure through June 15, 2021, the date the financial statements were available to be issued. Management is not aware of any material subsequent events that require recognition or additional disclosure in the financial statements.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2020
Open to Public Inspection

1. General Information

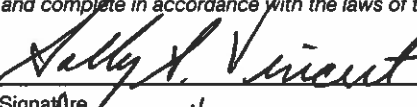

For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2020 and Ending (mm/dd/yyyy) 12/31/2020		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: RMHC OF WESTERN NEW YORK, INC.	Employer Identification Number (EIN): 22-2438932
	Mailing Address: 780 WEST FERRY STREET	NY Registration Number: 03-57-55
	City / State / ZIP: BUFFALO, NY 14222	Telephone: 716 883-1177
	Website: RMHCWNY.ORG	Email: KFUCHS@RMHCWNY.ORG

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:		SALLY S. VINCENT EXECUTIVE DIRECTOR	10/21/2021
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:		THOMAS P. GROGAN, CPA TREASURER	10/21/21
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500
Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
 - Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2020

Open to Public
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.
Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
RMHC OF WESTERN NEW YORK, INC.	03-57-55

2. Government Grants

Name of Government Agency	Amount of Grant
1. U.S. SMALL BUSINESS ADMINISTRATION	1. 84,327.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 84,327.