Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



ΑΙ	For th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if applicat Addr chan	LEGAL ASSISTANCE OF WESTERN		D Employer identific	ation number
-	Nam			16-09559	54
	lchan Initia		Room/suite		
F	returi Final	361 SOUTH MAIN STREET	nuuiii/Suite	E Telephone number 315-781-3	
	lreturı termi ated			G Gross receipts \$	16,091,660.
		Den CENEUZA NY 14456		H(a) Is this a group re	
			0.	for subordinates	
	pend	ISAME AS C ABOVE	~ -	H(b) Are all subordinates in	
<u> </u>	Tax-e>	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52 ⁻		list. See instructions
	Webs			H(c) Group exemption	
		f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Yea		State of legal domicile: NY
	art I	Summary		·	
e	1	Briefly describe the organization's mission or most significant activities: SEE	SCHED	ULE O	
Activities & Governance					
ernä	2	Check this box if the organization discontinued its operations or dispos			
Š	3	Number of voting members of the governing body (Part VI, line 1a)			23
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			23
ies	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			218
ivit	6	Total number of volunteers (estimate if necessary)		6	137
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		15,468,455.	16,052,861.
Revenue	9	Program service revenue (Part VIII, line 2g)		21,297. 833.	24,353.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,338.	1,262. 13,184.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,505,923.	16,091,660.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,505,923.	10,091,000.
	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)		12,698,564.	13,712,605.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		12,090,304.	15,712,005.
Den	108	Professional fundraising fees (Part IX, column (A), line 11e)	0.	• •	0.
Ă		Total fundraising expenses (Part IX, column (D), line 25)		2,414,868.	2,642,483.
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,113,432.	16,355,088.
	10			392,491.	-263,428.
JC SS		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		4,459,476.	6,985,178.
Assu Bal	20			1,432,724.	4,221,854.
Net,	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		3,026,752.	2,763,324.
		Signature Block		.,,	

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

Sign	Signature of officer		Date
Here	C. KENNETH PERRI, EXECUTI	VE DIRECTOR	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	DAVID A. URBAN CPA	DAVID A. URBAN CPA	10/11/23 ^{tf} P00630018
Preparer	Firm's name EFPR GROUP, CPAS,	PLLC	Firm's EIN 47-4526160
Use Only	Firm's address 6390 MAIN STREET	SUITE 200	
	WILLIAMSVILLE, NY	14221	Phone no. $716 - 634 - 0700$
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2022)

Part III Statement of Program Service Accomplishments Check It Shedub Conditis a response note to any line in this Part II Image: Condition of the Condition of the Condition and the Condition of the C		LEGAL ASSISTANCE OF WESTERN
Creck It Schedule O contains a response or note to any line in this Part III		
Belly describe the organization's mission: LAMNY THORBASES TO JUSTICE THROUGH EXCELLENT LEGAL REPRESENTATION, ADVOCACY AND SERVICE. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 500 or 500 E2? Uves [X] No 10 Did the organization cause conducting, or make significant changes in how it conducts, any program services, any 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 reversel, if no, for each program service aregorized to report the amount of grants and allocations to others, the total 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 reversel, if no, for each program service approach. (New Part 2, 255, 286 . relating yeak of a program services profile. 40 Coster) (Bearnes 14, 255, 286 . relating yeak of a program services, as measured by expenses. Section 501(c)(4) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversel, if no, for each program service approach. 41 Coster) (Bearnes 2 (14, 255, 286 . relating yeak of a program services approach. 42 Coster) (Bearnes 5 (14, 255, 286 . relating yeak of 5) (Bearnes 6 43 Coster) (Bearnes 5 (14, 255, 286 . relating yeak of 5) (Bearnes 6 44 Coster	Pa	
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LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

Form 990 (2022) NEW YORK , INC Part IV Checklist of Required Schedules

			V	N
	1 - 1 + 2 - 2 - 2 - 2 + 2 - 2 - 2 - 2 - 2 - 2		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
IZd		120	х	
F	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		<u> </u>
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
40				X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

	1990 (2022) NEW YORK, INC. 16-095	5954	P	age 4
Ра	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Note: All Form 990 filers are required to complete Schedule O rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

х Form 990 (2022)

1c

Form	990 (2022) NEW YORK, INC. 16-0955	954	Pa	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 218			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		х
h	any contributions that were not tax deductible as charitable contributions?	6a		- 72
a	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
1 2 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12u		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

NEW YORK, INC. Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	tion A. Governing Body and Management				
		–		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	23			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?	🗖	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	🖵	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	🗖	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?	🦵	6		X
7a					
	more members of the governing body?	7	'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	7	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а		8	Ba	X	
b	, , , , , , , , , , , , , , , , , , , ,	8	ßb	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
<u></u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u> </u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
10-	Did the experimetion have least charters, branches, as officiates?	4	_	Yes	No X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		0a		21
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10	оь		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a	Х	
12a		1:	2a	Х	
b			2b	X	
Ŭ	on Schedule O how this was done	1:	2c	х	
13	Did the organization have a written whistleblower policy?		3	X	
14	Did the organization have a written document retention and destruction policy?		4	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	·· -			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15	5a	Х	
	Other officers or key employees of the organization		5b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	16	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	16	6b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>				
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 o	only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	, and fi	inan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	KATHERINE HOWARD - 585-252-1504 16 EAST MAIN STREET, SUITE 380, ROCHESTER, NY 14614				

Х

LEGAL	ASSISTANCE	OF	WESTERN

Form 990 (2022)	NEW	YORK,	INC.				16-0
Part VII	Compensation	of Of	ficers, Di	rectors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Inde	ependent	Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)	-		(D)	(E)	(F)
Name and title	Average	(da		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trustee		/ee	mpen		1099-NEC)	1033-1120)	and related
	below	id ual 1	Institutional t	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indivi	Instit	Officer	Keye	Highe	Former			-
(1) C. KENNETH PERRI, ESQ.	35.00									
EXECUTIVE DIRECTOR				X				114,659.	0.	23,191.
(2) THOMAS DUBEL	35.00									
EMPLOYEE						X		101,406.	0.	25,614.
(3) KATHERINE HOWARD	35.00									
FINANCE DIRECTOR				Х		\mathbf{N}		93,065.	0.	22,821.
(4) MARK WATTENBERG	35.00									
EMPLOYEE						Х		101,639.	0.	13,708.
(5) THOMAS REILLY, ESQ.	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(6) ELIZA HEATON, ESQ.	1.00									_
VICE PRESIDENT		X	r	Х				0.	0.	0.
(7) JOHN BECKLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(8) ISKRA BONANNO, ESQ.	1.00									
DIRECTOR		х						0.	0.	0.
(9) MARY BROWN	1.00									
DIRECTOR		х						0.	0.	0.
(10) AMANDA BURNS, ESQ.	1.00									
SECRETARY/TREASURER		х		х				0.	0.	0.
(11) BARBARA COLE	1.00									
DIRECTOR		Х						0.	0.	0.
(12) MOLLIE DAPOLITO, ESQ.	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(13) HON. RICHARD DOLLINGER	1.00									
DIRECTOR	1 00	X						0.	0.	0.
(14) STEVEN FOSS ESQ.	1.00									0
DIRECTOR	1 00	X						0.	0.	0.
(15) KAYLA FRANCHINA	1.00									0
DIRECTOR	1 0 0	X						0.	0.	0.
(16) DEIRDRE HAY ESQ.	1.00	v								0
DIRECTOR		X						0.	0.	0.
(17) SARA KNOWLES, ESQ.	1.00	v						0.	0.	^
DIRECTOR		X						0.	0.	0.

LEGAL ASSISTANCE OF WESTER

16-0955954 Page 8

Form 990 (2022) NEW YORK	, INC.								10-0955	954 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
Name and the	hours per					than is bot			compensation	amount of
	week					or/trus			from related	other
	(list any	Ŀ			1			the	organizations	compensation
	hours for	lirect						organization	(W-2/1099-MISC/	from the
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	uster	trus		e	ubeu		1099-NEC)	1033-1120)	and related
	below	ual tr	ional		ploye	tcon		,		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	,	드	-	đ	₹	포등	윤			
(18) CHERYL NIELSEN, ESQ.	1.00								0	
DIRECTOR		х						0.	0.	0.
(19) STEVEN NUTTALL, ESQ.	1.00									
DIRECTOR		X						0.	0.	0.
(20) EMILY PAWLOWSKI ESQ	1.00									
DIRECTOR		x						0.	0.	0.
(21) DAVID RALPH, ESQ.	1.00									
DIRECTOR		x						0.	0.	0.
	1 00	<u>^</u>			-			0.	0.	0.
(22) MATTHEA ROSS ESQ.	1.00								•	
DIRECTOR		Х						0.	0.	0.
(23) JOANNE SANDLER	1.00									
DIRECTOR		Х						0.	0.	0.
(24) KEVIN SAUNDERS, ESQ.	1.00									
DIRECTOR		x						0.	0.	0.
(25) JESSICA SIMON, ESQ.	1.00				+				•••	
•	1.00	x						0.	0.	0.
DIRECTOR	1 00	^						0.	0.	0.
(26) WILLIAM THEW ESQ.	1.00									
DIRECTOR		X						0.	0.	0.
1b Subtotal								410,769.	0.	85,334.
c Total from continuation sheets to Part V	I, Section A					$\mathbf{\nabla}$		0.	0.	0.
d Total (add lines 1b and 1c)								410,769.	0.	85,334.
2 Total number of individuals (including but n								-	000 of reportable	
compensation from the organization		1030	liste	Ju a		C) WI	101			3
				_						Yes No
3 Did the organization list any former officer,			key e	emp	ploye	e, o	r hig	ghest compensated emp	oloyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su	um of reportab	le co	ompe	ens	atior	n and	d ot	ther compensation from	the organization	
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete .	Sche	edule	ə J i	for such individual		4 X
5 Did any person listed on line 1a receive or a										
rendered to the organization? If "Yes," com	•				-			•		5 X
Section B. Independent Contractors		01	01 30	JUIT	pers	5011 .				<u> </u>
· · · · · · · · · · · · · · · · · · ·									<u></u>	
1 Complete this table for your five highest co	-	-								sation from
the organization. Report compensation for	the calendar y	ear	endi	ng ۱	with	or w	ithi	n the organization's tax	year.	
(A)								(B)		(C)
Name and business	address							Description of s	ervices 0	Compensation
JUST TECH , LLC										
PO BOX 380, REMSENBURG, I	NY 11960) – (038	30				IT SERVICES		205,193.
JUST CAUSE		-								
1 W. MAIN ST. #500, ROCH	ו אשתיב	vv	14	16	14			GRANT SUBCON	TRACTS	137,709.
I W. MAIN DI. #500, ROCH		Т И.		ŦŪ.	<u> </u>		_	GRANT DODCON		137,703•

 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
 2

 SEE
 PART
 VII,
 SECTION
 A
 CONTINUATION
 SHEETS

LEGA	AL ASSI	ISTANCE	OF	WESTERN
NEW	YORK,	INC.		

Form 990 NEW YORK	, INC.								16-095	5954
Part VII Section A. Officers, Directors, Tru		nplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(C Pos	C) ition	1		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DONALD WHITE, JR.	1.00									
DIRECTOR		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

			2022) NEW YORK, IN	С.			16-0955	954 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a respons	e or note to any lin			<u> </u>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
its	1	а	Federated campaigns 1a	176,046.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
Am C			Fundraising events 1c					
Gift lar			Related organizations 1d					
ini,		е	Government grants (contributions) 1e	13,212,902.				
er S		f	All other contributions, gifts, grants, and					
th			similar amounts not included above 1f	2,663,913.				
ont ond			Noncash contributions included in lines 1a-1f					
<u>a</u> O		h	Total. Add lines 1a-1f		16,052,861.			
	_		ADDODNEY FEEG	Business Code	24.252	24.252		
Program Service Revenue	2		ATTORNEY FEES	541100	24,353.	24,353.		
Servine		b		-				
Sen S		с С		·				
gra Re		d		-				
Pro		e f	All other program service revenue					
			Total. Add lines 2a-2f		24,353.			
	3	9	Investment income (including dividends, inte					
			other similar amounts)		1,262.			1,262.
	4		Income from investment of tax-exempt bond					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	_		Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
ē		D	Less: cost or other basis and sales expenses					
evenue		~	and sales expenses 7b Gain or (loss) 7c					
Rev			Net gain or (loss)					
Other	8		Gross income from fundraising events (not					
ŧ	-		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18 8	a				
		b	Less: direct expenses 8	b				
		С	Net income or (loss) from fundraising events					
	9	а	Gross income from gaming activities. See					
			· · · · · · · · · · · · · · · · · · ·	a				
			Less: direct expenses	b				
	10		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		h		Da Db				
			Net income or (loss) from sales of inventory	-				
		-	the meetine of (1035) normalies of inventory	Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	10,073.			10,073.
ane		b	INSURANCE REIMBURSEMENT	900099	3,111.			3,111.
cell		с						
Misc		d	All other revenue					
_			Total. Add lines 11a-11d		13,184.			
	12		Total revenue. See instructions		16,091,660.	24,353.	٥.	14,446.

207,724.

1,176,591.

18,054.

87,281.

11,543.

37,989.

135,745.

4,959.

14,327.

14,342.

27,739.

11,967.

41,581.

2,099,802.

309,960.

(D) Fundraising expenses

Form 990 ((2022) NEW YORK, I	NC.		16-0	95
Part IX	Statement of Functional Expense	ses			
Section 50	1(c)(3) and 501(c)(4) organizations must com	nplete all columns. All oth	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
	ts and other assistance to domestic organizations domestic governments. See Part IV, line 21				
	its and other assistance to domestic iduals. See Part IV, line 22				
orga	its and other assistance to foreign nizations, foreign governments, and foreign riduals. See Part IV, lines 15 and 16				
	efits paid to or for members				

207,724

9,930,696.

2,667,632.

155,383.

751,170.

15,808.

468,675

215,846.

771,279.

51,803.

81,403.

45,665.

81,486.

448,662.

157,606.

67,997.

53,256.

182,997.

16,355,088.

8,754,105.

2,357,672.

137,329.

663,889.

15,808.

457,132.

177,857.

635,534.

46,844.

67,076.

45,665.

67,144.

448,662.

129,867.

56,030.

53,256.

141,416.

14,255,286.

5	Compensation of current officers, directors,											
	trustees, and key employees											
6 Compensation not included above to disqualified												
persons (as defined under section 4958(f)(1)) a												

7	Other salaries and wages
8	Pension plan accruals and contributions (include

- section 401(k) and 403(b) employer contributions) 9 Other employee benefits
- a Management _____ b Legal _____
- b Legal
 c Accounting
 d Lobbying
 e Professional fundraising services. See Part IV, line 17
 f Investment management fees
- g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)
 12 Advertising and promotion
- 13 Office expenses
 14 Information technology
 15 Royalties
 16 Occupancy
 17 Travel
 18 Payments of travel or entertainment expenses for any federal, state, or local public officials
 19 Conferences, conventions, and meetings
- 20 Interest
 21 Payments to affiliates
 22 Depreciation, depletion, and amortization
 23 Insurance
 24 Other expenses. Itemize expenses not covered above (1 ist miscellaneous expenses on line 24e. If
- above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a CONTRACT SERVICES TO CL b TELEPHONE AND INTERNET c LIBRARY
- c LIBRARY d CLIENT PASS-THROUGH FUN e All other expenses
- All other expenses
 Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

Check here

0.

232011 12-13-22

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

Form	990 (2022) NEW YORK, INC.				16-	0955954 Page 11
Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			942,557.	1	511,313.
	2	Savings and temporary cash investments			66,256.	2	66,691.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,120,475.	4	3,940,905.
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disquali	fied pers	sons (as defined			
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			142 028	8	100.000
4	9	Prepaid expenses and deferred charges			143,237.	9	128,886.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		<u>665,045.</u> 552,617.	150 002		112 120
		Less: accumulated depreciation	-		158,093.	i —	112,428.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13 14	Investments - program-related. See Part IV, line		13 14			
	14	Intangible assets Other assets. See Part IV, line 11			28,858.		2,224,955.
	16	Total assets. Add lines 1 through 15 (must equ			4,459,476.	16	6,985,178.
	17	Accounts payable and accrued expenses			1,309,897.		1,587,384.
	18	Grants payable	, ,	18			
	19	Deferred revenue			93,969.		109,515.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			28,858.	21	24,530.
Se	22	Loans and other payables to any current or form					
liti		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	se perso	ns		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	300,000.
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X	0		
		of Schedule D			0.	25	2,200,425.
	26		<u></u>		1,432,724.	26	4,221,854.
es		Organizations that follow FASB ASC 958, che	eck here				
nce	07	and complete lines 27, 28, 32, and 33.			1,699,897.	07	1 362 176
3ala	27	Net assets with donor restrictions			1,326,855.	27 28	1,362,176. 1,401,148.
Βpr	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			1,520,055.	20	1,401,140.
Fur		and complete lines 29 through 33.	oo, che				
o.	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	<u> </u>
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,026,752.		2,763,324.
~	33	Total liabilities and net assets/fund balances			4,459,476.	33	6,985,178.
	•						Form 990 (2022)

LEGA	L ASSI	ISTANCE	OF	WESTERN
NEW	YORK	TNC.		

	1 990 (2022) NEW YORK, INC.	16-	09559	954	Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets										
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>								
						~ ~					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,	09	1,6	60.					
2	Total expenses (must equal Part IX, column (A), line 25)	2				88.					
3	Revenue less expenses. Subtract line 2 from line 1										
4											
5	Net unrealized gains (losses) on investments	5									
6	Donated services and use of facilities	6									
7	Investment expenses	7									
8	Prior period adjustments	8									
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		2	п с ·		~ 4					
De	column (B))	10	۷,	/6.	3,3	24.					
Pa	rt XII Financial Statements and Reporting					37					
	Check if Schedule O contains a response or note to any line in this Part XII					X					
			П		Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	-	- 1								
-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			-		v					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a									
	separate basis, consolidated basis, or both:										
	Separate basis Consolidated basis Both consolidated and separate basis				х						
b	Were the organization's financial statements audited by an independent accountant?		····· -	2b	<u> </u>						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,									
	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis										
-											
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			2c	х						
	review, or compilation of its financial statements and selection of an independent accountant?			ZC							
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	<i>.</i>								
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			3a	х						
F	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Sa	23	<u> </u>					
O	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	х						
	or audits, explain why on schedule o and describe any steps taken to undergo such addits					(2022)					
				JIII		(2022)					

SC	HEDULE A				-1 D1				OMB No. 1545-0047
(For	m 990)			rity Status an					2022
•		Co		nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		
Departr	ment of the Treasury			ttach to Form 990 or Fo					Open to Public
Internal	Revenue Service			Form990 for instruction			formation.		Inspection
Name	e of the organizati			CE OF WESTER		Employer	identification number		
			YORK, INC.						6-0955954
Par	t I Reason	for Public	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instructior	ıs.	
The o	organization is not a	a private found	dation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(1)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3	A hospital or	a cooperative	hospital service org	anization described in s e	ection 170)(b)(1)(A)(i	ii).		
4	A medical res)(iii). Enter	the hospital's name,						
r	city, and stat								
5 L	An organizat	unit descrit	bed in						
- [Complete Part II.)						
6 L	**			nental unit described in					
7 L				intial part of its support f	rom a gov	ernmenta	unit or from t	ne general	public described in
o [complete Part II.)						
8 [9 [(1)(A)(vi). (Complete Par		ad in coni	upotion with o	land grant	
9 [in section 170(b)(1)(A)(
	university:		grant conege of agric	ulture (see instructions).	Enter the	name, cit	y, and state o	r the colleg	je or
10		on that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributio	ns members	hin fees a	nd aross receipts from
				ct to certain exceptions;					
				(less section 511 tax) fr					
			mplete Part III.)	(3	,
11 [•	ively to test for public sa	fety. See	section 50	09(a)(4).		
12 [An organizat	on organized	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		-		gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b				d or controlled in connec			-		-
				anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	pported
	<u> </u>	.,	st complete Part IV,						
с	••	-	• •	g organization operated				lly integrat	ed with,
-1		0	. , .	s). You must complete I				ute el everencia	;
d	••			porting organization oper zation generally must sat			• •	Ŭ,	
			•	nplete Part IV, Sections	•		•	u an alleni	IVENESS
е		,	,	written determination fro				II Type III	
Ũ		•		nally integrated support			x 1 ypc 1, 1 ypc	n, rype m	
f		-	••						
			n about the supporte						•
	(i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of	fmonetary	(vi) Amount of other
	organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
									<u> </u>

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

16-0955954 Page 2

Schedule	A (Form 99	0) 202	22		NEW	YOI	RK,	INC.		

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.)

_							
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	11,725,581.	12,515,329.	13,338,978.	15,468,455.	15,640,472.	68,688,815.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	11 505 501	10 515 200	12 220 050	15 460 455	15 640 450	CO COO 015
	Total. Add lines 1 through 3	11,725,581.	12,515,329.	13,338,978.	15,468,455.	15,640,472.	68,688,815.
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)						<u> </u>
	Public support. Subtract line 5 from line 4.						68,688,815.
	ction B. Total Support	() 0010	(1) 0010	() 0000	(1) 0001	() 0000	(0 T + +
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	11,725,581.	12,515,329.	13,338,978.	15,468,455.	15,640,472.	68,688,815.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,777.	932.	1,201.	833.	1,262.	6,005.
~	and income from similar sources	±,///•	952.	1,201.	055.	1,202.	0,005.
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	12,728.	4,768.	22,496.	15,338.	22,873.	78,203.
	assets (Explain in Part VI.)	12,720.	4,700.	22,490.	13,330.	22,075.	68,773,023.
	Total support. Add lines 7 through 10	ata (asa inaturuati				12	112,374.
	Gross receipts from related activities			fourth or fifth toy			112,574.
13	First 5 years. If the Form 990 is for the organization, check this box and stop				-		
Sec	ction C. Computation of Publ		-				
	Public support percentage for 2022 (-	column (f))		14	99.88 %
	Public support percentage from 2021					15	99.88 %
	33 1/3% support test - 2022. If the o						, -
100	stop here. The organization qualifies						
h	33 1/3% support test - 2021. If the o						
	and stop here. The organization qua						
17:	10% -facts-and-circumstances tes						
., a	and if the organization meets the fact						
	meets the facts-and-circumstances te					willow the organiz	
h	10% -facts-and-circumstances tes	-					
Ň	more, and if the organization meets the	-					
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization						
				,,,,,	.,		

Schedule A (Form 990) 2022

LEGAL ASSISTANCE OF WESTERN	LEGAL	ASSISTANCE	OF	WESTERN
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Schedule A (Form 990) 2022 NEW YORK, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e)	2022	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	I							
	include any "unusual grants.")	ſ							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
Ŭ	are not an unrelated trade or bus-								
	iness under section 513								
1	Tax revenues levied for the organ-								
4	ization's benefit and either paid to	ſ							
	·								
5	The value of services or facilities								
5		ſ							
	furnished by a governmental unit to								
~	the organization without charge								
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
L	3 received from disqualified persons								
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that	ľ							
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								—
	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
		() 0010	(1) 0010	() 0000	(1) 0001			(0 T))	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
k	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
13	assets (Explain in Part VI.)			1					_
	First 5 years. If the Form 990 is for th	le organization's fi	rst second third	fourth or fifth tax	vear as a section :	1 501(c)(3) organizat	ion	
•••	check this box and stop here	le erganzation e n			•	001(0)(0	, organizati		٦
Se	ction C. Computation of Publ	ic Support Pe							_
	Public support percentage for 2022 (column (f))		15			%
	Public support percentage from 2021					16			%
	ction D. Computation of Invest			<u></u>					70
	•					17			0/
	Investment income percentage for 20								%
	Investment income percentage from							17 is used	%
198	33 1/3% support tests - 2022. If the						, and line 1	i / is not	7
L	more than 33 1/3%, check this box a 33 1/3% support tests - 2021. If the						33 1/20/	L	
L.	line 18 is not more than 33 1/3%, che								٦
20									4
20	Private foundation. If the organization	л аю посспеска	DUX OFFINE 14, 18	a, ur 190, check tr	iis box and see in	รแนตรแด			

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	LEGAL ASSISTANCE O			
Schee	hedule A (Form 990) 2022 NEW YORK, INC.	16-095595	4 Pa	age 5
Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the fol	lowing persons?		
а	a A person who directly or indirectly controls, either alone or together with	h persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b abov	e?If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers actin more supported organizations have the power to regularly appoint or e			
	directors, or trustees at all times during the tax year? If "No," describe			
	effectively operated, supervised, or controlled the organization's activiti			
	organization, describe how the powers to appoint and/or remove office	, , , , , , , , , , , , , , , , , , ,		
	supported organizations and what conditions or restrictions, if any, app	, , , , , , , , , , , , , , , , , , , ,		
	organization(s) that operated, supervised, or controlled the supporting			
	Part VI how providing such benefit carried out the purposes of the supporting expension			
	supervised, or controlled the supporting organization. ection C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the ta	x year also a majority of the directors	165	NU
	or trustees of each of the organization's supported organization(s)? If "			
	or management of the supporting organization was vested in the same			
	the supported organization(s).	1		
	ection D. All Type III Supporting Organizations			
			Yes	No
1		the last day of the fifth month of the	Yes	No
	Did the organization provide to each of its supported organizations, by		Yes	No
	Did the organization provide to each of its supported organizations, by organization's tax year, (i) a written notice describing the type and amo	unt of support provided during the prior tax	Yes	No
	Did the organization provide to each of its supported organizations, by organization's tax year, (i) a written notice describing the type and amory year, (ii) a copy of the Form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the compared of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was most recently filed as of the form 990 that was	unt of support provided during the prior tax late of notification, and (iii) copies of the	Yes	No
	Did the organization provide to each of its supported organizations, by organization's tax year, (i) a written notice describing the type and and year, (ii) a copy of the Form 990 that was most recently filed as of the o organization's governing documents in effect on the date of notification	unit of support provided during the prior tax late of notification, and (iii) copies of the n, to the extent not previously provided?	Yes	No
2	Did the organization provide to each of its supported organizations, by organization's tax year, (i) a written notice describing the type and and year, (ii) a copy of the Form 990 that was most recently filed as of the o organization's governing documents in effect on the date of notification Were any of the organization's officers, directors, or trustees either (i) a	unit of support provided during the prior tax late of notification, and (iii) copies of the n, to the extent not previously provided? uppointed or elected by the supported	Yes	No
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- these activities but for the organization's involvement.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 VI the reasons for the organization's position that its supported organization(s) would have engaged in

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

Sche	dule A (Form 990) 2022 NEW YORK, INC.			16-0955954 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain ir	7 Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
_		3. 1	· · - ··· ··	/

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

Schedule A (Form 990) 2022

_	dule A (Form 990) 2022 NEW YORK, INC			1	.6-0955954	Page 7
Par		(a)(3) Supporting Orga	anizations _{(continu}	ied)		
Secti	on D - Distributions				Current Yea	ır
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	IS	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro		5			
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributabl Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

					OF	WESTERN	
Schedule A	(Form 990) 2022	NEW	YORK,	INC.			16-0955954 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c ines 2 an	c, 4b, 4c, 5a d 3; Part IV	a, 6, 9a, 9b, 90 , Section E, lii	c, 11a, nes 1c,	11b, and 11c; Part IV, S 2a, 2b, 3a, and 3b; Par	art II, line 17a or 17b; Part III, line 12; section B, lines 1 and 2; Part IV, Section C, t V, line 1; Part V, Section B, line 1e; Part V, t for any additional information.
					4		
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Schedule B

(Form	990)
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Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2022

Employer identification number

16 - 0955954

Name of the organization				
L	EGAL AS	SSISTANCE	OF V	VESTERN
N	IEW YORI	K, INC.		
Organization type (check	: one):			

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Schedule B (Form 990) (2022)

Name of organization LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

16-0955954

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	LEGAL SERVICES CORPORATION 3333 K STREET, N.W., 3RD FLOOR WASHINGTON, DC 20007	\$ <u>2,292,815.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	INTEREST ON LAWYER'S ACCOUNTS (IOLA) 11 EAST 44TH STREET, #1406 NEW YORK, NY 10017	\$1,333,947.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 U.S. DEPT. OF HOUSING & URBAN DEVELOPMENT - FHIP 451 7TH STREET, S.W. WASHINGTON, DC 20410	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE 40 NORTH PEARL STREET ALBANY, NY 12243	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c) Tatal contributions	(d)
<u>No.</u>	Name, address, and ZIP + 4 NYS DEPT. OF LAW - HOMEOWNERS PROTECTION 120 BROADWAY NEW YORK, NY 10271	Total contributions \$ 409,130.	Type of contribution Person X Payroll
(a)	(b) Name address and ZID + 4	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4 NYS UNIFIED COURTS SYSTEM 25 BEAVER STREET #8 NEW YORK, NY 10004	Total contributions	Type of contribution Person X Payroll

Schedule	B (Form 990) (2022)			Page 2
			Emplo	yer identification number
	ASSISTANCE OF WESTERN ORK, INC.		16	-0955954
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	il space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
7	CATTARAUGUS COUNTY			Person X
				Payroll
	303 COURT STREET	\$ 428,4	15.	Noncash
	LITTLE VALLEY, NY 14755			(Complete Part II for noncash contributions.)
				,
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4 DEPARTMENT OF JUSTICE – OFFICE FOR	Total contributio	ns	Type of contribution
8	VICTIMS OF CRIME			Person X
				Payroll
	810 7TH STREET NW	\$ 652,3	88.	Noncash
	WASHINGTON, DC 20531			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
9	NYS OFFICE FOR THE AGING			Person X
				Payroll
	2 EMPIRE STATE PLAZA, 5TH FL	\$ 329,0	83.	Noncash
	ALBANY, NY 12223			(Complete Part II for noncash contributions.)
				, , , , , , , , , , , , , , , , , , , ,
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
				Person
				Payroll
		\$		Noncash
				(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributio	ns	Type of contribution
				Person
				Payroll
		\$		Noncash (Complete Part II for
				noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ne	(d) Type of contribution
<u>- NO.</u>	Name, address, and Zir + 4		15	
				Person
				Payroll Noncash
	[\$		(Complete Part II for
				noncash contributions.)

Schedule B (Form 990) (2022)

	rganization ASSISTANCE OF WESTERN	1	Employer identification numb
EW Y	ORK, INC.		16-0955954
art II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
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Schedule	B (Form 990) (2022)		Pag								
	organization		Employer identification number								
	ASSISTANCE OF WESTERN										
	ORK, INC.		16-0955954								
Part III	from any one contributor. Complete columns (a) through (e) and the following line entry. Ec	n 501(c)(7), (8), or (10) that total more than \$1,000 for the y or organizations								
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less for	or the year. (Enter this info. once.) \$								
	Use duplicate copies of Part III if additional	space is needed.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I											
			-								
			-								
			-								
		(e) Transfer of gift									
		(,)									
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee								
(a) No.											
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
Part I											
	(e) Transfer of gift										
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee								
(a) No. from			(d) Decemention of how with its hold								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
			-								
			-								
			-								
		(e) Transfer of gift									
		(0)									
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee								
(a) No.		1									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
1 4111											
		(e) Transfer of gift									
	_										
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee								

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Department Cold to work integrate Cold to work integrate Open to Public integrate Open to Public integrate Name of the organization LEGAL ASS ISTANCE OF WESTERN Employer integrate integrate Employer integrate integrate Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization number if the '0's in form 800, Part N, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value at end of year (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (b) Funds and other accounts (b) Funds and other accounts 4 Dott the organization inform all donors advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisor, for any other purpose confirming impermissible purposes confirming impermissible private hematify. No Particel (a) for one public user (f) the donor or donor advisor, for any other purpose confirming impermissible private hematify. No Particel (a) for one public user (f) cosample, recreation or education (f) Preservation of a cortified historic structure Preservation of a cortified historic structure				2022						
Name of the organization LEGAL ASSISTANCE OF WESTERN Endpection number Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answord "Yes" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and onor advisors in writing that grant funds can be used only for charable purposes and not for the benefit of the donor or donor advisor, or any other purpose confirming impermissible private benefit? Yes No 6 Did the organization inform all grantes, donors, and donor advisors on writing that grant funds can be used only for charable purposes and not be the benefit of the donor if donor advisors on writing that grant funds can be used only for charable purposes Yes No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charable purposes Yes No 7 Purposely of conservation casements. Totha number of a corfied haboric structure Preserv	Depart	ment of the Treasury	A	ttach to Form 990.						
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d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 4 Number of states where property subject to conservation easement is located 5 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in tolds? Yes No 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)? Yes No 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 security for some organization asswered "Yes" on Form '900, 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	a o					-				
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 b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X 						of public	:			
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a Revenue included on Form 990, Part VIII, line 1 \$ b Assets included in Form 990, Part X \$	2					ide				
b Assets included in Form 990, Part X \$		-		-						
						\$				
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		SSISTANCE (OF WE	STERN	1				
Sche	dule D (Form 990) 2022 NEW YOR							955954	
Par	t III Organizations Maintaining C	ollections of Ar	rt, Histo	prical T	reasures, c	or Other	Similar Ass	sets(continu	ied)
3 a	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record d			following that	-	ificant use of	its	
b	Scholarly research	е	🗌 о	ther					
с	Preservation for future generations								
4	Provide a description of the organization's co	lections and explain	n how the	v further t	he organizatio	on's exemp	t purpose in P	Part XIII	
5	During the year, did the organization solicit o								
Ŭ	to be sold to raise funds rather than to be ma							Yes	
Par	t IV Escrow and Custodial Arran								
1 41	reported an amount on Form 990, Par			nyanizan	on answered	Tes UIIFU	nn 990, Fan 1	v, iirie 9, 0i	
1 a	Is the organization an agent, trustee, custodi on Form 990, Part X?	an or other intermed	-				_	Yes	X No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:					
								Amount	
с	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
f	Ending balance						16 1f		
22	Did the organization include an amount on Fo							X Yes	No
	If "Yes," explain the arrangement in Part XIII.		-						
Par									
		(a) Current year		or year			Three years bad	ck (e) Four v	ears back
10	Deginning of year belonce	(a) ourrone your	(2) ! !!		(0)	(u)	in co youro su		
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses				· · · · · ·				
	Grants or scholarships		_						
е	Other expenditures for facilities								
	and programs								
	Administrative expenses								
	End of year balance								
	Provide the estimated percentage of the curr		e (line 1g	, column (a)) held as:				
	Board designated or quasi-endowment		%						
b	Permanent endowment	_%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held a	and administe	red for the			
	organization by:							<u>۱</u>	res No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered), Part IV.	line 11a.	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or of	· · ·		t or other	(c) Accu		(d) Book	value
		basis (investm			(other)	depred		(u) Doon	Value
19	Land				. ,				
	Buildings			13	32,260.	5	3,786.	78	,474.
					8,332.		6,169.		,163.
	Leasehold improvements				54,453.		2,662.		<u>,103.</u>
	Equipment			4.	, = , = , J . •	44	2,002.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other		V activit		100)			110	,428.
TOTAL	Aud lines ta through te. (Column (a) must e	yuai rui ii 990, Part .	∧, coluini	ı (D), III IC	100.)			<u> </u>	, = 4 0 •

Schedule D (Form 990) 2022

LEGA	AL ASSI	ISTANCE	\mathbf{OF}	WESTERN
NEW	YORK,	INC.		

Schedule D (Form 990) 2022 NEW YORK , I	INC.		<u>16-0955954</u> Page 3
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 o	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
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 o	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.	
_	Description		(b) Book value
(1) CLIENT ESCROW FUNDS			24,530.
(1) CLEAR CONTROL (2) RIGHT-OF-USE ASSET			2,200,425
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	no 15)		2,224,955.
Part X Other Liabilities.			2722175554
Complete if the organization answered "Yes'	on Form 990 Part IV line	11e or 11f See Form 990 Part X lir	ne 25
			(b) Book value
<u> </u>			
(1) Federal income taxes (2) OPERATING LEASE LIABILITY	,		2,200,425.
			2,200,425
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			2,200,425.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	o the organization's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

LEGAL 2	ASSISTANCE	OF	WESTERN
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TNC

NEW YORK

Sche			0955954 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturr	۱.
	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	16,280,548.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 188,888.		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	188,888.
3	Subtract line 2e from line 1	3	16,091,660.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,091,660.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1			
	Total expenses and losses per audited financial statements	1	16,543,976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	16,543,976.
2 a		1	16,543,976.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	16,543,976.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	1	16,543,976.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments 2b	1	
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	1 2e	188,888.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2e	188,888.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2e	188,888.
a b c d 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	188,888. 16,355,088.
a b c d e 3 4 a	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	2e	188,888. 16,355,088. 0.
a b c d e 3 4 a b c 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2e 3	188,888. 16,355,088.

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:

ATTORNEY CLIENT ESCROW FUNDS.

PART X, LINE 2:

LAWNY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE (THE CODE); THEREFORE, NO PROVISION FOR INCOME TAXES

IS REFLECTED IN THE FINANCIAL STATEMENTS. LAWNY HAS BEEN CLASSIFIED AS A

PUBLICLY SUPPORTED ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A) OF THE CODE. LAWNY PRESENTLY DISCLOSES OR RECOGNIZES INCOME

TAX POSITIONS BASED ON MANAGEMENT'S ESTIMATE OF WHETHER IT IS REASONABLY

POSSIBLE OR PROBABLE THAT A LIABILITY HAS BEEN INCURRED FOR UNRECOGNIZED

INCOME TAXES. MANAGEMENT HAS CONCLUDED THAT LAWNY HAS TAKEN NO UNCERTAIN

LEGAL ASSISTANCE OF WESTERN Schedule D (Form 990) 2022 NEW YORK, INC.	16-0955954 Page 5
Part XIII Supplemental Information (continued)	
TAX POSITIONS THAT REQUIRE ADJUSTMENT IN ITS FINANCIAL	STATEMENTS. U.S.
FORMS 990 FILED BY LAWNY ARE SUBJECT TO EXAMINATION BY	TAXING AUTHORITIES.

SCHEDULE O

(Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

LEGAL ASSISTANCE OF WESTERN

NEW YORK, INC.

16-0955954

Employer identification number

OMB No 1545-0047

Open to Public

Inspection

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

LAWNY INCREASES ACCESS TO JUSTICE THROUGH EXCELLENT LEGAL

REPRESENTATION, ADVOCACY AND SERVICE.

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

FORM 990 IS REVIEWED AND APPROVED BY AUDIT COMMITTEE AT A MEETING TO WHICH

FULL BOARD IS INVITED AND A COPY OF THE FINAL FORM PROVIDED TO FULL BOARD

BEFORE FILING.

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

AT TIME OF APPOINTMENT OR REAPPOINTMENT AND ANNUALLY THEREAFTER, EACH BOARD OF DIRECTOR IS REQUIRED TO SIGN A STATEMENT WHICH AFFIRMS THEY HAVE RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, THEY HAVE READ AND UNDERSTAND THE POLICY, AND HAVE AGREED TO COMPLY WITH THE POLICY. ALSO, KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. BOTH BOARD OF DIRECTOR MEMBERS AND EMPLOYEES ARE UNDER OBLIGATION TO DISCLOSE CONFLICTS.

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

EXECUTIVE DIRECTOR'S SALARY IS SET ANNUALLY BY THE BOARD OF DIRECTORS. ALL OTHER EMPLOYEES ARE ON THE BOARD APPROVED LAWNY SALARY SCALE BY YEARS OF EXPERIENCE.

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

ALL INFORMATION IS AVAILABLE UPON REQUEST TO THE C.F.O.; FINANCIAL

STATEMENTS AND FORM 990 ARE ALSO AVAILABLE ON LAWNY'S WEBSITE.

Scheo Name	dule O (Form of the orga	niza	tion L	EGAL A EW YOR	SSISTA K, INC	NCE OF	WEST	ERN			Employer ider 16-09	Page 2 ntification number 55954
FOR	м 990,	F	PART	XII, L	INE 2C	:						
NO	CHANGE	S	HAVE	TAKEN	PLACE	DURING	THE	FISCAL	YEAR	ENDED	DECEMBER	31,
202	2.											
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CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT. Continuous Charities Registry at www.Charities Registry at wwww.Charites Registry at which at the Registry at wowwere	1.General Informat				4.0.104.10								
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LAWNY - ORG Check your organization is registration category: TA only EPTL only DUAL (7A & EPTL) EXEMPT Confirm your Registration Category in the Charities Registry at www.Charities MyS.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 base 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 pert. We certify under penalties of perjury that we reviewed this report. Including all attachments and to the base 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 pert. President or Authorized Officer: EXECUTIVE DIRECTOR Signature C · F · O · Signature Print Name and Title Other Financial Officer or Treasurer: Signature Signature Print Name and Title C · F · O · Signature Signature Print Name and Title Other Kather Authorized Officer or Treasurer: Signature C · F · O · Signature Check the exemption(s) that apply to your registration, complete ony parts 1, 2, and 3, and submit the certific A	r v			456									
registration category: TA only EPTL only DUAL (7A & EPTL) EXEMPT: Continuity our Hegistration Category in the Charties Registry at tww.Charties/NYS.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 belef, 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: C. KENNETH PERRI President or Authorized Officer or Treasurer: Signature Signature Print Name and Title Oate Annual Reporting Exemption Check the exemption(s) that apply to your fling. If your organization is daiming 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. Schedules and Attachments Signature Print Name and Title Date Signature Print Name and Title Date Signature Print Name and Title Date	Reg ID Pending Website: Email:												
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 kaws of the State of New York applicable to this report. President or Authorized Officer: C . KENNETH PERRI EXECUTIVE DIRECTOR Signature Print Name and Title KATHERLINE HOWARD Chief Financial Officer or Treasurer: C.F.O. Signature Print Name and Title Date Annual Reporting Exemption Date Check the exemption(s) 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 connoct 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. <u>EPTL filing exemption:</u> Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any t	Check your organization's												
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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 receive government grants? If yes, complete Schedule 4a. Attachments to complete your filing. 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: Total fee: Make a single check or money order payable to: * 25. \$ 250. \$ 275.	•	• •											
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*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.

TEGAT ASSISTANCE O	r WESTERN NEW TORK, INC.
CHAR500	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
UNANJUU	- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Annual Filing Checklist	- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
Armain ming Oneokiist	- Your organization is registered as DUAL and you marked <u>both</u> the 7A and EPTL filing exemption in Part 3.
Checklist of Schedules an	d Attachments
`	nit with your CHAR500 as described in Part 4:
	4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
L▲ If you answered "yes" in Part	4b, submit Schedule 4b: Government Grants
Check the financial attachments you	u must submit with your CHAR500:
X IRS Form 990, 990-EZ, or 990	PF, and 990-T if applicable
X All additional IRS Form 990 So	chedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from
disclosure and will not be avai	
Our organization was eligible f	or and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
	an IRS Form 990-EZ for state purposes only.
If you are a 74 only or DI IAI, filer, su	bmit the applicable independent Certified Public Accountant's Review or Audit Report:
	total revenue and support greater than \$250,000 and up to \$1,000,000
	otal revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.
	that date, an Audit Report is required if total revenue and support is greater than \$750,000
□ No Review Report or Audit Re	port 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

X \$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
X \$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 <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u>. 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 <u>www.CharitiesNYS.com.</u>

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

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: LEGAL ASSISTANCE OF WESTERN NEW YORK, INC. 01-77-17

2. Government Grants

Name of Government Agency	Amount of Grant
1. LEGAL SERVICES CORPORATION	1. 2,292,815.
2. AMERICORPS	2. 160,731.
3. U.S. DEPARTMENT OF JUSTICE	3. 103 , 744.
4. INTEREST ON LAWYERS ACCOUNTS (IOLA)	4. 1,333,947.
5. U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT	5. 787,689.
6. NYS OFFICE OF TEMPORARY & DISABILITY ASSISTANCE	6. 699,359.
7. NYS DEPT. OF LAW - HOMEOWNERS PROTECTION OFFICE OF TH	409,130.
8. NYS UNIFIED COURTS SYSTEM	8. 4,681,207.
9. WAYNE COUNTY	9. 220,234.
10.CATTARAUGUS COUNTY	10. 428,415.
11.CHAUTAUQUA COUNTY	11. 147,810.
12.NYS DEPT. OF CRIMINAL JUSTICE LEGAL SERVICES ASSISTAN	12. 96,546.
13.NYS DEPT. OF CRIMINAL JUSTICE VIOLENCE AGAINST WOMEN	13. 44,783.
14.NYS DEPT. OF CRIMINAL JUSTICE EVICTION PREVENTION	14. 218,750.
15.TOMPKINS COUNTY	15. 221,266.
Total Government Grants:	Total:

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

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:
LEGAL ASSISTANCE OF WESTERN NEW YORK, INC.	01-77-17

2. Government Grants

Name of Government Agency	Amount of Grant
1. DEPT OF JUSTICE - OVS	1. 652,388.
2. CITY OF ROCHESTER, NY	2. 26,594.
3. NYS DEPARTMENT OF HEALTH - OFFICE FOR THE AGING	<u>3.</u> 329,083.
4. NYS DEPARTMENT OF HEALTH - CHILD HEALTH INSURANCE PRO	4. 80,478.
5. NYS DEPARTMENT OF HEALTH - MEDICAL ASSISTANCE NAVIGAT	5. 110,963.
6. AMERICAN RESCUE PLAN ACT - FAIR HOUSING	6. 132,623.
7. FEDERAL HOME LOAN BANK	7. 34,347.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 13,212,902.