### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 40-07-56 | Return of Organization Exempt From Income Tax

Form **990** 

Department of the Treasury Internal Revenue Service

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



B checked Address Addres Address Addres Addres	AF	or the	e 2022 calendar year, or tax year beginning and	ending							
Doing business as       20-3558447         Weithing       Number and street (or P.0. bx if mails not delivered to street address)       Room/suite       E Telephone number         Version       (10) 884-0356       (3,041,319.         Argencies       Figure and street (or P.0. bx if mails not delivered to street address)       G Gross receipts 3       3,641,319.         Argencies       Figure and address of principal officer.DAWN WELLS-CLYBURN Figure attack 1X Site (S) 101(c)(1)       (insert no.)       4947(a)(1) or ISZ       Figure and address of principal officer.DAWN WELLS-CLYBURN Figure attack 1X Site (S) 101(c)(1)       (insert no.)       4947(a)(1) or ISZ       Figure and address of principal officer.DAWN WELLS-CLYBURN For our of organization: IX Corporation I Trust       Association I Other       L Year of formation: 2005 M State of legal domicile: NY         Pert II Summary       1       Briefly describe the organization ission or most significant activities: THE MISSION OF PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESTDENTS TO         2       Check this box       If the organization discontinue dts operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part V, line 1a)       3       9         4       Number of independent voting members of the governing body (Part V, line 1a)       3       56 5, 530.       48, 082.         6       Total number of individuals employed	B c		PEOPLE UNITED FOR SUSTAINABLE HOUSING	,	D Employer identific	cation number					
Doing Dusiness as         2/0 = 3/3 044 1           Provide The second											
Number and street (0* P.0. box if mails ind delivered to street address)         Nommber         Nommber           Prevented         42.9         PLYMOUTH AVENUE, STE 1         (716.)         884 - 0356           City or town, state or province, country, and ZIP or foreign postal code         G cross receipts 5         3,641,319.           BUFFALO, NY         14213         UFSALO, NY         14213           Jwebsite         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         EVE         No           I         Taxexempt status:         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         EVE         No           Yeast         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         EVE         No           Yeast         X 501(c)(3)         501(c)(1)         (insert no.)         4947(a)(1) or         EVE         No           Yeast         X 501(c)(3)         501(c)(1)         (insert no.)         14947(a)(1) or         EVE         No           Yeast         X 501(c)(3)         501(c)(1)         (insert no.)         14947(a)(1) or         EVE         No           Yeast         X 501(c)(3)         501(c)(1)         (insert no.)         1497(a)(1)(1) or         Yeast         No		chang	e Doing business as								
Stand       City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14213       G Gross recepts \$ 3, 641, 319.         Hail Stimate       BUFFALO, NY 14213       Hail Stimate       Hail Stimate       Hail Stimate       Hail Stimate       No         SAME AS C ABOVE       SAME AS C ABOVE       Hail Stimate       Yes Xino       Yes Xino         I tracexempt status:       X 501(c)(3)       501(c) ()       (insert no.)       4947(a)(1) or       527         Yestim       WWW.PUSHBUFFALO.ORG       H(b) Are all subordinates included?)       Yes No         Yeart I       Summary       Corporation       Trust       Association       Other       L Year of formation:       2005 M State of legal domicile: NY         Part I       Summary       I the organization's mission or most significant activities:       THE MISSION OF PEOPLE UNITED FOR         SUSTATINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO       2       Check this box       I the organization discontinued its operations or disposed of more than 25% of its net assets.         Number of individuals employed in calendar year 2022 (Part V, line 1a)       4       9         A number of individuals employed in calendar year 2022 (Part V, line 1a)       5       6         B Contributions and grants (Part VIII, column (A), line 12       7a       0.       0.		return		Room/suite							
BUFFALO, NY 14213       H(a) Is this a group return for subordinates included?         Predention pendention pendention       SAME AS C ABOVE         I Tax.exempt status:       X 501(c)(3)         SAME AS C ABOVE       H(b) Area alsocritations included?         I Tax.exempt status:       X 501(c)(3)         J Website:       WWW.PUSHBUFFALO.ORG         K Form of organization:       X (corporation )         Tust       Association () Other         L Year of formation:       2005 M State of legal domicile: NY         Part I       Summary         1       Briefly describe the organization's K (corporation )         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of volting members of the governing body (Part VI, line 1a)       3         4       9         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6         6       Total number of volting members of the governing body (Part VI, line 1a)       3         9       Number of volting members of the governing body (Part VI, line 1a)       3         1       Total number of individuals employed in calendar year 2022 (Part VI line 2b)       5         4       9       5       5		_lreturn				4-0356					
Image: a set of principal office: DAWN WELLS-CLYBURN       H(a) Is this a group return for subordinates: [] Yes X No         I make and address of principal office: DAWN WELLS-CLYBURN       H(a) Xe this a group return for subordinates: [] Yes X No         I make and address of principal office: DAWN WELLS-CLYBURN       H(b) Are all subordinates included? [] Yes No         J website:       Xi Sol1(c)()       (insert no.)       4947(a)(1) or       527         J Breity describe the organization:       X Corporation       Trust       Association       0ther       L Year of formation:       2005 M State of legal domicile: NY         Part Breity describe the organization is mission or most significant activities:       THE MISSION OF PEOPLE UNITED FOR         SUSTAINABLE HOUSING, INC.       (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2 Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3 Number of independent voting members of the governing body (Part VI, line 1a)       4         4 Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6 Total number of working members of the governing body (Part VI, line 11)       7b 0.0.         7 total unrelated business revenue from Form 990-T, Part I, line 11       7b 0.0.         9 Program service revenue (Part VIII, col	_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,641,319.						
SAME       AS       C       ABOVE       H(b) are all ubcordinates included?       Yes       No         I       Tax-exempt status:       X       501(c)(3)       501(c) (1)       (insert no.)       4947(a)(1) or       577       H(b) are all ubcordinates included?       Yes       No         I       Breity describe the organization:       Tust       Association       0 ther       L Year of formation:       2005       M State of legal domicile:       NY         PartI       Summary       Summary       Issicon or most significant activities:       THE MISSION OF PEOPLE UNITED FOR         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.       3       Number of voing members of the governing body (Part VI, line 1a)       3       9       4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       5       6       1000       7a       0.         7       Total number of voind members of the governing body (Part VI, line 1a)       3, 508, 231.       3, 591, 351.       9       9       9       No and grants (Part VIII, locular year 2022 (Part V, line 2a)       5       6       100       7a       0.         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       56, 530.       48, 085.       0.		_lreturn	BUFFALO, NI 14213		• • • •						
I Tax-exempt status: X 501(c)(3)       501(c)(3)       501(c)(3)       101(c)(3)		tion pendi	F Name and address of principal officer: DAWN WELLS-CLYBURN								
J Website:       WWW.PUSHBUFFALO.ORG       H(c) Group exemption number         K form of organization:       I Corporation       Trust       Association       Other       L Year of formation:       2005 M State of legal domicile: NY         Part II       Summary       I Briefly describe the organization's mission or most significant activities:       THE MISSION OF PEOPLE UNITED FOR         SUSTAINABLE HOUSING, INC.       (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2       Check this box       I if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of vicing members of the governing body (Part VI, line 1a)       Image: State intermediation in the intermediation in the intermediation in the intermediation in the organization is continued its operations or disposed of more than 25% of its net assets.         4       Number of individuals employed in calendar year 2022 (Part V, line 2a)       Image: State intermediation is intermediation in the intermediation in the intermediation in the intermediation in the organization is state in the ease and intermediation in the organization is state in the ease of the governing body (Part VI, line 12)       Prior Year         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       Form Year       Current Year         5       Total number of individuals employed in calendar year 2022 (Part V, line 12)       Prior Year       Current Year         7       Total numelated business tax				507							
K Form of organization: X Corporation       Trust       Association       Other       L Year of formation: 2005 M State of legal domicile; NY         Part I Summary         The Briefly describe the organization's mission or most significant activities: THE MISSION OF PEOPLE UNITED FOR         SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of independent voting members of the governing body (Part VI, line 1a)       3       9         4       Number of independent voting members of the governing body (Part VI, line 2a)       6       1000         6       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       45         6       Total number of volunteers (estimate if necessary)       7       6       1000         7       Total number of volunteers (estimate if necessary)       7       7       0       0         9       Program service revenue (Part VIII, line 1h)       7       7       7       0       0         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 70)       1       7       0       0       0       0	-		empt status: $[\Delta]$ 501(c)(3) $[]$ 501(c)( ) (insert no.) $[]$ 4947(a)(1)	or 527	· ·						
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: THE MISSION OF PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2       Check this box       if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       9         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       9         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5       4         6       Total numeler of volunteers (estimate if necessary)       6       1000         7a       Total numelated business revenue from Part VIII, column (C), line 12       7b       0.         9       Program service revenue (Part VIII, line 1h)       3, 508, 231.       3, 591, 351.         9       Program service revenue (Part VIII, line 2g)       56, 530.       48, 085.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 615.       1, 883.         11       Other revenue (Part VIII, column (A), lines 1-3)       1, 433, 497.       2, 018, 377.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1, 851, 267.       2, 076, 2											
Image: Briefly describe the organization's mission or most significant activities: THE MISSION OF PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voling members of the governing body (Part VI, line 1a)       Image: Sustain the system of the governing body (Part VI, line 1a)         4       Number of independent voting members of the governing body (Part VI, line 2a)       Image: Sustain the system of the governing body (Part VI, line 2a)         6       Total number of independent voting members of the governing body (Part VI, line 2a)       Image: Sustain the system of the governing body (Part VI, line 2a)         6       Total number of volunteers (estimate if necessary)       Image: Sustain the system of the governing body (Part VI, line 2a)         7       Total number of volunteers (estimate if necessary)       Total number of volunteers (estimate if necessary)         7       Total number of volunteers (estimate if necessary)       Total number of revenue (Part VIII, line 1h)         9       Program service revenue (Part VIII, line 1h)       Total number of negovernme from Form 990-T, Part I, line 11         9       Program service revenue (Part VIII, line 2b)       Total number of negovernme (Part VIII, column (A), lines 3, 4, and 7d)       1, 433, 497.       2, 018, 377.         10       Investment income (Part VIII, column (A), lines 13)			-	L Year		State of legal domicile; IN I					
SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) IS TO MOBILIZE RESIDENTS TO         2       Check this box       If the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       9         4       Number of independent voting members of the governing body (Part VI, line 1a)       3       9         5       Total number of independent voting members of the governing body (Part VI, line 2a)       6       1000         7       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       6       1000         6       Total number of volunteers (estimate if necessary)       6       1000         7       Total unrelated business revenue from Part VIII, column (C), line 12       7a       0.         7       Do       0.       Prior Year       Current Year         8       Contributions and grants (Part VIII, line 2g)       56, 530.       48, 085.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 615.       1, 883.         13       Grants and similar amounts paid (Part IX, column (A), lines 13)       1, 433, 497.       2, 018, 377.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.       0.       0. <tr< td=""><td></td><td></td><td></td><td>MTSSTO</td><td>N OF PROPLE</td><td>IINTTED FOR</td></tr<>				MTSSTO	N OF PROPLE	IINTTED FOR					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	JCe	'	SUSTATNABLE HOUSTNG TNC. (PUSH BUFFALO)	TS TO	MOBILIZE R	ESTDENTS TO					
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	nar	2									
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	ver										
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	ő			oting members of the governing body (Part VI, line 1b)							
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	s S										
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	itie										
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         Tb         0.           Prior Year         Current Year           3,508,231.3,591,351.         3,508,231.3,591,351.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.0.0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1-3)         1,433,497.2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), line 4)         0.0.0.         0.0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.2,076,297.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (A), line 25)         76,485.         0.0.0.           17         Other expenses (Part IX, column (A), line 25)         76,485.         17.0.787,880.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         75,775.0.795.0.1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.0.74,9967.4,959,7577.           21         Total	ctiv	7a	Total unrelated business revenue from Part VIII. column (C) line 12								
B         Contributions and grants (Part VIII, line 1h)         Prior Year         Current Year           9         Program service revenue (Part VIII, line 2g)         56,530.         48,085.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,615.         1,883.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         1,433,497.         2,018,377.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         1,433,497.         2,018,377.           14         Benefits paid to or for members (Part IX, column (A), lines 5.10)         1,851,267.         2,076,297.           15         Salaries, other compensation, employee benefits (Part IX, column (A), line 25)         76,485.         1           17         Other expenses (Part IX, column (A), line 25)         76,485.         834,407.         787,880.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.         -1,241,235.           19         Revenue less expenses. Subtract line 18 from line 12         2,806,536.         5,281,403.           20         Total assets (Part X, line 26)         2,806,536.         5,281,403.	۲					0.					
9       Program service revenue (Part VIII, line 2g)       56,530.       48,085.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,615.       1,883.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3,567,376.       3,641,319.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1,433,497.       2,018,377.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,851,267.       2,076,297.         16a       Professional fundraising fees (Part IX, column (D), line 25)       76,485.       0.       0.         17       Other expenses (Part IX, column (A), line 11e)       0.       0.       0.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       76,485.       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       3,749,967.       4,			, ,			Current Year					
9         Program service revenue (Part VIII, line 2g)         56,530.         48,085.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         0.         0.         0.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         0.         0.         0.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)         3,567,376.         3,641,319.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         1,433,497.         2,018,377.           14         Benefits paid to or for members (Part IX, column (A), line 4)         0.         0.           15         Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)         1,851,267.         2,076,297.           16a         Professional fundraising expenses (Part IX, column (D), line 25)         76,485.         0.         0.           17         Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)         834,407.         787,880.         4,119,171.         4,882,554.           19         Revenue less expenses. Subtract line 18 from line 12         -551,795.         -1,241,235.         8eginning of Current Year         End of Year           20         Total assets (Part X, line 16)         3,749,967.         4,959,757.         2,806,536	Ð	8	Contributions and grants (Part VIII, line 1h)		3,508,231.	3,591,351.					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 567, 376.       3, 641, 319.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1, 433, 497.       2, 018, 377.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 851, 267.       2, 076, 297.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       76, 485.       834, 407.       787, 880.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       834, 407.       787, 880.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -551, 795.       -1, 241, 235.         19       Revenue less expenses. Subtract line 18 from line 12       -551, 795.       -1, 241, 235.         20       Total assets (Part X, line 16)       3, 749, 967.       4, 959, 757.         21       Total liabilities (Part X, line 26)       2, 806, 536.       5, 281, 403.	'nu	9			56,530.	48,085.					
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       0.       0.       0.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       3, 567, 376.       3, 641, 319.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       1, 433, 497.       2, 018, 377.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       1, 851, 267.       2, 076, 297.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       76, 485.       834, 407.       787, 880.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       834, 407.       787, 880.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       -551, 795.       -1, 241, 235.         19       Revenue less expenses. Subtract line 18 from line 12       -551, 795.       -1, 241, 235.         20       Total assets (Part X, line 16)       3, 749, 967.       4, 959, 757.         21       Total liabilities (Part X, line 26)       2, 806, 536.       5, 281, 403.	eve				2,615.	1,883.					
13       Grants and similar amounts paid (Part IX, column (A), lines 1·3)       1,433,497.       2,018,377.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10)       1,851,267.       2,076,297.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (A), line 25)       76,485.       834,407.       787,880.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       834,407.       787,880.       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       3,749,967.       4,959,757.       2,806,536.       5,281,403.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.       943,431.       -321,646.	œ					• •					
14       Benefits paid to or for members (Part IX, column (A), line 4)       0.000         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       1,851,267.2,076,297.2         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.000         b       Total fundraising expenses (Part IX, column (D), line 25)       76,485.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       834,407.787,880.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,119,171.4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,7951,241,235.         20       Total assets (Part X, line 16)       3,749,967.4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431321,646.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)								
14       Definits paid to of normembers (r art x, column (x), me 4)       1<		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,433,497.	2,018,377.					
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       76,485.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       834,407.       787,880.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.         20       Total assets (Part X, line 16)       3,749,967.       4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431.       -321,646.		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.					
17       Other expenses (Part IX, column (A), lines Tra-Hd, TH-24e)       1000 - 7007,0000         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.         10       Total assets (Part X, line 16)       3,749,967.       4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431.       -321,646.	es					2,076,297.					
17       Other expenses (Part IX, column (A), lines Tra-Hd, TH-24e)       1000 - 7007,0000         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.         10       Total assets (Part X, line 16)       3,749,967.       4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431.       -321,646.	sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	L	0.	0.					
17       Other expenses (Part IX, column (A), lines Tra-Hd, TH-24e)       1000 - 7007,0000         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       4,119,171.       4,882,554.         19       Revenue less expenses. Subtract line 18 from line 12       -551,795.       -1,241,235.         10       Total assets (Part X, line 16)       3,749,967.       4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431.       -321,646.	ăX		······································								
19         Revenue less expenses. Subtract line 18 from line 12         -551,795.         -1,241,235.           19         Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         3,749,967.         4,959,757.           21         Total liabilities (Part X, line 26)         2,806,536.         5,281,403.           22         Net assets or fund balances. Subtract line 21 from line 20         943,431.         -321,646.	ш										
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         3,749,967.         4,959,757.           21         Total labilities (Part X, line 26)         2,806,536.         5,281,403.           22         Net assets or fund balances. Subtract line 21 from line 20         943,431.         -321,646.											
20       Total assets (Part X, line 16)       3,749,967.       4,959,757.         21       Total liabilities (Part X, line 26)       2,806,536.       5,281,403.         22       Net assets or fund balances. Subtract line 21 from line 20       943,431.       -321,646.			Revenue less expenses. Subtract line 18 from line 12		,						
	s or			Be							
	Sset	20									
	et A: nd E	21									
					943,431.	-321,646.					

Part II Signature Block

Т

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					
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	DALE ROWLAND, CPA	DALE ROWLAND, CPA			P00648479
Preparer	Firm's name FLAHERTY SALMIN I			Firm's EIN 16-	1451346
Use Only	Firm's address 2300 BUFFALO RD.	BLDG 200			
	ROCHESTER, NY 146	24		Phone no. <b>585</b> –	279-0120
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form <b>990</b> (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	PEOPLE UNITED FOR SUSTAINABLE HOUSING,
	990 (2022) INC. 20-3558447 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC. (PUSH BUFFALO) HELPS TO
	MOBILIZE RESIDENTS TO CREATE STRONG NEIGHBORHOODS WITH QUALITY,
	AFFORDABLE HOUSING; TO EXPAND LOCAL HIRING OPPORTUNITIES; AND TO
	ADVANCE ECONOMIC AND ENVIRONMENTAL JUSTICE IN BUFFALO.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 2,002,842. including grants of \$1,817,635. ) (Revenue \$)
	HOUSING AND COMMUNITY DEVELOPMENT
	PUSH HAS DEVELOPED AN INNOVATIVE PROGRAM WITH DOCUMENTED EFFECTIVENESS
	TO ACQUIRE AND REHABILITATE RESIDENTIAL HOUSING AND VACANT LAND IN
	BUFFALO'S WEST SIDE. THE PROGRAM HAS ACCOMPLISHED RENOVATIONS OF
	MULTIPLE UNITS. PUSH ALSO INTEGRATES "GREEN" DEVELOPMENT INTO EACH OF
	ITS DEVELOPMENT PROJECTS INCLUDING A "NET ZERO" HOUSE ON WINTER STREET,
	INSTALLATION OF GREEN INFRASTRUCTURE SUCH AS ON-DEMAND WATER HEATERS,
	RADIANT FLOOR HEATING, SOLAR PANELS AND GEOTHERMAL HEATING SYSTEMS.
	(Code: )(Expenses \$ 960,785. including grants of \$ 198,750.) (Revenue \$ 48,085.)
4b	(Code: ) (Expenses \$ 960,785. including grants of \$ 198,750. ) (Revenue \$ 48,085. ) COMMUNITY ORGANIZING AND YOUTH CENTER
	PUSH ORGANIZES RESIDENTS TO CREATE AND IMPLEMENT AN ACTION PLAN FOR
	IMPROVING THE NEIGHBORHOOD. PUSH STRIVES TO BUILD A DEMOCRATIC,
	ACTION-ORIENTED ORGANIZATION CAPABLE OF ADDRESSING THE LACK OF LIVING
	WAGE JOBS AND POOR HOUSING CONDITIONS THAT MAY EXIST IN THE
	NEIGHBORHOOD. PUSH HOLDS LEADERSHIP TRAININGS AND PLANNING MEETINGS ON
	A WEEKLY BASIS. GENERAL EVENTS, INCLUDING SEASONAL PARTIES, FILM
	SCREENINGS AND FUNDRAISERS, ARE OPEN TO ALL MEMBERS. LEADERS ALSO PLAN
	PUBLIC CAMPAIGNS TO PROMOTE CORPORATE ACCOUNTABILITY IN THE REALM OF
	SUSTAINABLE URBAN DEVELOPMENT AND TO EMBED THE PUSH MODEL AND
	OBJECTIVES IN LEGISLATION AND PUBLIC PROGRAMS. THE GRANT STREET
	NEIGHBORHOOD CENTER SERVES AS A DROP-IN COMMUNITY CENTER FOR THE
4c	
	RENTAL PROPERTY MANAGEMENT
	PUSH STRIVES TO DECREASE THE RATE OF HOUSING ABANDONMENT BY RECLAIMING
	EMPTY HOUSES FROM NEGLECTFUL PUBLIC AND PRIVATE OWNERS AND REDEVELOPING THEM FOR OCCUPANCY BY LOW-INCOME RESIDENTS.
	THEM FOR OCCUPANCI BI LOW-INCOME RESIDENTS.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ 275,873 • including grants of \$ ) (Revenue \$ )
4e	
	Form <b>990</b> (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)

INC.

Part IV Checklist of Required Schedules

Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	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		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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			v
	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	44.		x
А	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		- 21
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	Х	

Form	990 (2022) INC. 20-3558	3447	Р	age <b>4</b>
Pa	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ		24c		
Ь	any tax-exempt bonds?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
ZJa		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		
a	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	0.51		x
	Schedule L, Part I	25b		
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	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	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
55	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			<u> </u>
00		38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O <b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Bart V	1 30	_ <u>_ </u>	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2	res	NO
b		Ĥ		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -		
	(gambling) winnings to prize winners?	1c		

INC.

Form 990 (2022)

Par	<b>V</b> 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 45									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	number of employees reported on Form W3, Transmittal of Wage and Tax Statements, 2a 45 a calendar year anding with or within the year covered by this return 2.2a 45 be calendar year of on line 2a, did the organization file al required federal employment tax returns? 3a be calendar year, did the organization file al required federal employment tax returns? 3a be calendar year, did the organization have an interest in, or a signature or other authority over, a corount in a foreign country youch as a bank account, securities account, or other financial account? 4a be calendar year, did the organization have an interest in, or a signature or other authority over, a corount in a foreign country youch as a bank account, securities account, or other financial account? 5a be into the to requirements for FIGCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sauble party notify the organization that twas or is a party to a prohibited tax sheler transaction? 5b corganization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit did the organization include with every solicitation an express statement that such contributions or gifts did the organization notify the donor of the value of the goods or services provided? Bo did the organization notify the donor of the value of the goods or services provided? Bo anization necleve a payment in excess of \$75 mole party as a contribution and party for goods and services provided to the payor? Baization necleve a payment in excess of \$75 mole party as a contribution and party for goods and services provided to the payor? Bo anization receive a contribution of the value of the goods or services provided? Bo anization necleve a contribution of a second of the pay permitting on a personal benefit contract? Bo anization necleve a contribution of case, boats, apringens, or ther value, divides, did the organization file a form 108-C7 fri- Bo anization maxie accous plane, plane value during the year? Bo anization necelve a c			X						
	or the calendar year ending with or within the year covered by this return       12       45         seast one is reported on line 2a, did the organization file all required federal employment tax returns?       28         s, "has it filed a Form 930 Tor this year? If 'No' to line 3b, provide an explanation on Schedule O       30         s," has it filed a Form 930 Tor this year? If 'No' to line 3b, provide an explanation on Schedule O       31         s," enter the name of the foreign control       4         s," enter the name of the foreign control       4         s," enter the name of the foreign control       4         s," enter the name of the foreign control       5         s," enter the name of the foreign control       5         s," enter the name of the foreign control       5         s," enter the name of the foreign control       5         s," enter the name control       5         s, thasble parth ontrol the organization file form 8886 T1       5         s," did the organization include with every solicitation an express statement that such contributions or gifts on tax deductibles contributions and express provided?       6         s," did the organization notift, the donor of the value of the goods or services provided?       7         s," did the organization notift, the donor of the value of the goods or services provided?       7         s," did the organization notift, the donor of the value of the goods									
4a	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, tag of the capacitation nine 2a, did the organization file all required federal employment tax returns? did the organization nave unrelated business gross income of 51,000 or more during the year? """. "Yes, 'has tilled a Form 390-T for this year? If 'No' to line 3b, provide an explanation on Schedule O tay time ta organization have an interest for FD. FORT 114, Report of Foreign Bank and Financial account?". ""Yes, 'has tilled a Form 390-T for this year? If 'No' to line 3b, provide an explanation on Schedule O and and a target of the organization have an interest for FD. FORT 114, Report of Foreign Bank and Financial Accounts (FBAF), as the organization a party to a prohibited tax shelter transaction at any time during the tax year? """. "", as 'neit the name of the foreign country """ to inne 5a or 5b, did the organization file Form 8886-T?". "" The set or granization have a minual gross receipts that are normally greater than \$100,000, and did the organization solid: ty contributions that were not tax deductible? """ "" and a mescess of \$75 med party saic contributions? """ "" "", "", " did the organization include with every solicitation an express statement that such contributions or gifts ere not tax deductible? """ and the query solicitation an express statement that such contributions or gifts ere not tax deductible? """ and the organization set, exchange, or otherwise dispose of tangible personal property for which it was required the organization set, exchange, or otherwise dispose of tangible personal property for which it was required?" "" and the organization file a form 8282?" "" and the organization file a form 9282?"									
		4a		X						
b										
_		_		v						
				X X						
		50								
6a		60		x						
h		0a								
b		6h								
7		0.0								
		7a		х						
-		7c		x						
d										
		7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g										
h										
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.									
		9a								
		9b								
b										
12a		12a								
		13a								
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans 13b									
с										
		14a		Х						
	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									
		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.			17						
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
		17								
	If "Yes," complete Form 6069.									

PEOPLE	UNITED	FOR	SUSTAINABLE	HOUSING

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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for			rage <b>o</b> Inse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		,	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		~ <b></b>	Yes	No
1a		9		
	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 0.	0		
b		9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			x
~	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
4	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 5	Did the organization make any significant changes to its governing documents since the phot Portrago was need?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	
0 7a		0		<u> </u>
74		7a	x	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
5	persons other than the governing body?	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b			37	
12a		12a	X	
b		12b	X	
с			v	
40	on Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15	Did the organization have a written document retention and destruction policy?	14		
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		15a	х	
a b		15a	X	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iea	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <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 only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	Ind final	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records DAWN WELLS-CLYBURN - $(716)$ 884-0356			

129	PLYMOUTH	AVE.	STE	1.	BUFFALO.	NY	14213
		,		_ /	/		

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

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

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

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

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

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

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

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

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

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Form 990 (2022)

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average hours per	Position (do not check more than one box, unless person is both an					one	Reportable compensation	Reportable compensation	Estimated amount of
	week	officer and a director/trustee)					from	from related	other	
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee			Highest compensated employee		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	Institutional trustee		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	d ual t	utiona	L_	Key employee	est col	5	10001120)		organizations
	line)	Indivi	Institu	Officer	Key e	Highe	Former			
(1) RAHWA GHIRMATZION	40.00									
EXECUTIVE DIRECTOR				Х				97,078.	0.	0.
(2) JOHN BUCKLEY	1.00									
DIRECTOR		X						0.	0.	0.
(3) RAMONE ALEXANDER	1.00									
TREASURER		х		Х				0.	0.	0.
(4) CARL NIGHTENGALE	1.00									
SECRETARY	1 00	X		X				0.	0.	0.
(5) SHIRLEY SARMIENTO	1.00	.,								
EXECUTIVE COMMITTE	1 0 0	X						0.	0.	0.
(6) NICOLALITA RODRIGUEZ	1.00	x		x				0.	0	
PRESIDENT	1.00	<u> </u>						0.	0.	0.
(7) HEIDI JONES VICE PRESIDENT	1.00	x		x				0.	0.	0.
(8) VICTORIA KUPER	1.00	^						0.	0.	0.
DIRECTOR	1.00	x		x				0.	0.	0.
(9) JIM ANDERSON	1.00									
BOARD CHAIR		x		x				0.	0.	0.
(10) BERNADETTE GILES	1.00									
VICE CHAIR		x		x				0.	0.	0.
		-								
							├			
		1								

		NITED FO	DR	SU	JSI	ΓA]	INZ	AB]	LE HOUSING,					
	990 (2022) INC.									20-3	558	447	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus		ploy	ees	-		ghe	st C				1		
	(A)	(B)			( <b>(</b>	<b>C)</b> ition			(D)	(E)		_	(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable			timate	
		hours per week	f box, unless person is both an officer and a director/trustee)						compensation	compensatio			ount o	of
		(list any	or						from the	from related organization			other pensa <sup>:</sup>	tion
		hours for	Individual trustee or director				-		organization	(W-2/1099-MIS			om the	
		related	e or	stee			Isate		(W-2/1099-MISC/	1099-NEC)			anizati	
		organizations	trust	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,		Ŭ Ŭ	d relate	
		below	idual	ution	5	Key employee	est co oyee	er	,			orga	nizatio	ons
		line)	Indiv	Instit	Officer	Key e	High empl	Former						
			1											
1b	Subtotal								97,078.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								97,078.		0.			0.
2	Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, truste	ee, ł	key e	empl	loye	e, oi	<sup>,</sup> hig	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for se	uch individual										3		Х
4	For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	ation	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	ə J f	for such individual			4		Х
5	Did any person listed on line 1a receive or a	Iccrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indiv	idual for services	i			
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest con	mpensated ind	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of con	npens	sation fi	rom	
	the organization. Report compensation for t	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)			(C		
	Name and business	address	N	ONE	3				Description of s	ervices	C	Comper	isation	า
								_						
								_						
								_						
2	Total number of independent contractors (in	•	ot li	mite	d to		~	sted	above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation				(	0							

Form	n 99	0 (2	2022) INC	•				-	20-3558	447 Page 9
Ра	rt V	/111	Statement of Re	venue						
			Check if Schedule O c	contains a	a response	or note to any li				
							(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	а	Federated campaigns		1a					
		b	Membership dues		1b					
			Fundraising events							
Gift Iar		d	Related organizations		1d					
ns, Simi		е	Government grants (contr	ibutions)	1e	178,811.				
itio er S		f	All other contributions, gifts, g	grants, and						
ontribu nd Oth			similar amounts not included	above $\dots$		,412,540.				
		-	Noncash contributions included in	lines 1a-1f	1g \$					
a C		h	Total. Add lines 1a-1f				3,591,351.			
						Business Code 900099		24 410		
Program Service Revenue	2		OTHER INCOME	ידי דאז	OME	531110	34,418. 13,667.	34,418. 13,667.		
Serv		b	MANAGEMENT FE			531110	13,007.	13,007.		
ven Sun S		c								
gra Re		d								
Pro		e f	All other program convice	rovopuo						
			All other program service i Total. Add lines 2a-2f				48,085.			
	3	9								
	3 Investment income (including dividends, interest other similar amounts)						1,883.			1,883.
	4 Income from investment of tax-exempt bond proc									
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses	6b						
		с	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						
đ		b	Less: cost or other basis							
evenue			and sales expenses	7b						
eve			Gain or (loss)	7c						
er Re	~		Net gain or (loss) Gross income from fundraisin			1				
Other	8	а	including \$							
Ŭ			contributions reported on							
			Part IV, line 18	,						
		b	Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gaming	g activitie	s. See					
			Part IV, line 19			ı				
		b	Less: direct expenses		9b					
		с	Net income or (loss) from	gaming a	ctivities					
	10	а	Gross sales of inventory, I	ess retur	ns					
			and allowances							
			Less: cost of goods sold			-				
		С	Net income or (loss) from	sales of in	nventory .					
sn						Business Code				
neo	11						<u> </u>	<u> </u>		
ella		b								
Miscellaneous Revenue		c d	All other revenue							
Σ										
	12	-	Total. Add lines 11a-11d Total revenue. See instructio	ons	<u></u>		3,641,319.	48,085.	0.	1,883.

Form 990 (2022) INC .
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,018,377.	2,018,377.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	97,078.	97,078.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,613,182.	881,263.	731,919.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	104 000	110 000		
9	Other employee benefits	194,099.	116,899.	76,815.	385.
10	Payroll taxes	171,938.	91,339.	77,459.	3,140.
11	Fees for services (nonemployees):				
	Management	27,290.	2,989.	24,282.	19.
	Legal	18,400.	2,989.	18,400.	19.
	Accounting	10,400.		10,400.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	column (A), amount, list line 11g expenses on Sch 0.)	187,775.	78,916.	53,436.	55,423.
12	Advertising and promotion	107,773.	10,510.	55,150.	55,425.
13	Office expenses	23,129.	21,924.		1,205.
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	73,134.	34,087.	34,501.	4,546.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,387.	4,387.		
23	Insurance	44,064.	21,939.	20,903.	1,222.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SECURITY AND MONITORING	148,686.	82,576.	64,475.	1,635.
b	SUPPLIES & MATERIALS	56,051.	29,467.	26,311.	273.
с	REPAIRS AND MAINTENANCE	43,935.	20,031.	23,267.	637.
d	CONTRACTED SERVICES	43,758.	18,277.	25,021.	460.
е	All other expenses	117,271.	57,622.	52,109.	7,540.
25	Total functional expenses. Add lines 1 through 24e	4,882,554.	3,577,171.	1,228,898.	76,485.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022)

Form 990 (2022)

Part X	Balance Sheet			0
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	3,214,362.	1	4,375,133
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	195,340.	3	41,969
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>ຍ</u> 7	Notes and loans receivable, net	95,700.	7	95,700
7 Assets	Inventories for sale or use		8	
ž   9	Prepaid expenses and deferred charges	4,719.	9	13,518
10;	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 108,837.			
1	Less: accumulated depreciation 10b 104, 505.	8,719.	10c	4,332
11	Investments - publicly traded securities	170,729.	11	169,165
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	60,398.	15	259,940
16	Total assets. Add lines 1 through 15 (must equal line 33)	3,749,967.	16	4,959,757
17	Accounts payable and accrued expenses	236,718.	17	134,948
18	Grants payable		18	
19	Deferred revenue	2,569,818.	19	4,936,022
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s 22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0		010 400
	of Schedule D	0.	25	210,433
26	Total liabilities. Add lines 17 through 25	2,806,536.	26	5,281,403
s l	Organizations that follow FASB ASC 958, check here $X$			
	and complete lines 27, 28, 32, and 33.	042 421		201 646
27	Net assets without donor restrictions	943,431.	27	-321,646
28	Net assets with donor restrictions		28	
5	Organizations that do not follow FASB ASC 958, check here			
5	and complete lines 29 through 33.			
29 S	Capital stock or trust principal, or current funds		29	
ss 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets of Fund Balances           82         22           82         28           82         29           1         32           31         32	Retained earnings, endowment, accumulated income, or other funds		31	
_	Total net assets or fund balances	943,431.	32	-321,646
33	Total liabilities and net assets/fund balances	3,749,967.	33	4,959,757 Form <b>990</b> (2022

Form **990** (2022)

PEOPLE	UNITED	FOR	SUSTAINABLE	HOUSING
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	PEOPLE UNITED FOR SUSTAINABLE HOUSING,				
Form	1 990 (2022) INC.	20-	-3558447	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,643		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,882		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,241		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			31.
5	Net unrealized gains (losses) on investments	5	-23	3,8	42.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	-323	L,6	46.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
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				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	Separate basis X 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	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	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				

Form **990** (2022)

SCHEDULE A (Form 990) Department of the Treasury Internal Revenue Service			Public Cha omplete if the organ 494 At Go to www.irs.gov/l	OMB No. 1545-0047					
Name o	of the organizati			FOR SUSTAINA				Employer	identification number
		INC.					·	2	0-3558447
Part	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	his part.) S	See instruction	าร.	
The ora				For lines 1 through 12, c					
1 [ 2 [ 3 [ 4 [	<ul> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> </ul>								
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6 7 X	An organizati	on that norma <b>b)(1)(A)(vi).</b> (C	Illy receives a substa omplete Part II.)	nental unit described in s ntial part of its support f	rom a gov			the general	public described in
8 9				(1)(A)(vi). (Complete Part	,	ad in aanii	nation with a	land grant	
9				in section 170(b)(1)(A)( ulture (see instructions).					
10	activities rela	ted to its exen	npt functions, subjec	than 33 1/3% of its sup at to certain exceptions; (less section 511 tax) fro	and (2) no	more that	n 33 1/3% of	its support	from gross investment
			mplete Part III.)						
11 🗌	🗌 An organizati	on organized a	and operated exclus	ively to test for public sa	ifety. See	section 50	09(a)(4).		
12	An organizati	on organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	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). C	heck the box on
				of supporting organizatio					
а [				upervised, or controlled					aivina
			-	gularly appoint or elect a	•				
		-	complete Part IV, Se						
ь			•	l or controlled in connec	tion with it	ts sunnart	ed organizati	on(s) by ha	vina
			-	anization vested in the s			-		-
		-	t complete Part IV,		ame perso			age the sup	ported
<b>c</b> [	~	. ,	• •	g organization operated	in connoc	tion with	and functions	lly intograt	od with
U L				b). You must complete I				iny integration	su with,
		-		orting organization oper				uted erachi	notion(a)
d L		-		0 0 1				0	( )
				zation generally must sat				u an alleni	veness
. Г		-		nplete Part IV, Sections					
e L				written determination fro			атурет, туре	; п, туре III	
				nally integrated support					]
<b>g</b> P	(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see i	-	support (see instructions)
Total									

Schedule A (Form 990) 2022

INC.

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Soncaulo	/ (i oiiii 000) 2
Part II	Support

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.)

See	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3,379,122.	2,670,968.	4,101,038.	3,508,231.	3,573,951.	17,233,310.	
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	17,400.	17,400.	17,400.	17,400.	17,400.	87,000.	
4	Total. Add lines 1 through 3	3,396,522.	2,688,368.	4,118,438.	3,525,631.	3,591,351.	17,320,310.	
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						6,547,785.	
6	Public support. Subtract line 5 from line 4.						10,772,525.	
	ction B. Total Support	I						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	3,396,522.	2,688,368.	4,118,438.	3,525,631.	3,591,351.	17,320,310.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	286.	1,398.	3,433.	2,615.	1,883.	9,615.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)			1,750.			1,750.	
11	Total support. Add lines 7 through 10						17,331,675.	
12	· · · · · · · · · · · · · · · · · · ·	etc. (see instructio	ons)			12	315,022.	
13	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5	i01(c)(3)		
	organization, check this box and stop	here						
See	ction C. Computation of Public	ic Support Pei	rcentage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	62.16 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	64.20 %	
16a	33 1/3% support test - 2022. If the c					nore, check this bo		
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2021. If the c							
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ation				
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop here	e. Explain in Part V	VI how the organiz	ation	
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	blicly supported o	rganization			
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or	
	more, and if the organization meets th							
	organization meets the facts-and-circu							
<u>18</u>	Private foundation. If the organizatio							
	Schedule A (Form 990) 2022							

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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

INC.

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	anization,
	check this box and stop here						
-	ction C. Computation of Publ						
15	Public support percentage for 2022 (	ine 8, column (f), d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve						
17						17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2022. If the	-					l line 17 is not
	more than 33 1/3%, check this box a						
k	<b>33 1/3% support tests - 2021.</b> If the	•					
	line 18 is not more than 33 1/3% , che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

Schedule A (Form 990) 2022

### 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.

INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

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Sche	edule A (Form 990) 2022 INC. 20-35	5844	7 Pa	age <b>5</b>
	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

### 1 Check the box port to the method that the experimentation used to estimate the Interval Dart Test during the use the test of the later of the late

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

2a

2b

Yes No

Section A - Adjusted Net Income     (A) Prior Year     (opt       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	
1       Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See in All other Type III non-functionally integrated supporting organizations must complete Sections A through E.         Section A - Adjusted Net Income       (A) Prior Year       (B) Cur (option)         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	rent Year
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.         Section A - Adjusted Net Income       (A) Prior Year       (B) Cur (opt         1       Net short-term capital gain       1       1         2       Recoveries of prior-year distributions       2       1         3       Other gross income (see instructions)       3       1         4       Add lines 1 through 3.       4       1	rent Year
Section A - Adjusted Net Income       (A) Prior Year       (B) Cur (opt (opt (opt (opt (opt (opt (opt (opt	
Section A - Adjusted Net Income     (A) Prior Year     (option for the control of the contr	
2Recoveries of prior-year distributions23Other gross income (see instructions)34Add lines 1 through 3.4	
3     Other gross income (see instructions)     3       4     Add lines 1 through 3.     4	
4     Add lines 1 through 3.	
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	
Soction B - Minimum Accot Amount	rent Year tional)
1 Aggregate fair market value of all non-exempt-use assets (see	
instructions for short tax year or assets held for part of year):	
a Average monthly value of securities 1a	
b Average monthly cash balances 1b	
c Fair market value of other non-exempt-use assets 1c	
d Total (add lines 1a, 1b, and 1c) 1d	
e Discount claimed for blockage or other factors	
(explain in detail in Part VI):	
2 Acquisition indebtedness applicable to non-exempt-use assets 2	
3 Subtract line 2 from line 1d. 3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	
see instructions). 4	
5     Net value of non-exempt-use assets (subtract line 4 from line 3)     5	
6 Multiply line 5 by 0.035. 6	
7 Recoveries of prior-year distributions   7	
8 Minimum Asset Amount (add line 7 to line 6)     8	
Section C - Distributable Amount	ent Year
1       Adjusted net income for prior year (from Section A, line 8, column A)       1	
2 Enter 0.85 of line 1. 2	
3 Minimum asset amount for prior year (from Section B, line 8, column A)       3	
4     Enter greater of line 2 or line 3.     4	
5 Income tax imposed in prior year     5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	
emergency temporary reduction (see instructions). 6	

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

Schedule A (Form 990) 2022

Sche Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	nizatione / //		0-3558447 Page 7
	on D - Distributions		continu	led)	Current Year
	Amounts paid to supported organizations to accomplish exe	mot purposos		1	Current rear
-	Amounts paid to supported organizations to accomplish exercise Amounts paid to perform activity that directly furthers exemption			-	
2	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purposi	es of supported organization	19 19	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	9		
	(provide details in <b>Part VI</b> ). See instructions.	0		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) Distributable Amount for 2022
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				
C	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: \$				
a	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	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, <i>explain in</i> <b>Part VI.</b> 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: Excess from 2018				
	Excess from 2018				
	Excess from 2020				
	Excess from 2020				
	Excess from 2022				
-				-	hadula A (Farma 000) 0000

Schedule A (Form 990) 2022

		PEOPLE	UNITED	FOR SU	STAINABL	E HOUSING,		
Schedule A	(Form 990) 2022	INC.					20-3558447 <sub>Р</sub>	age <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, li Section D, lines 5, 6, and 8 (See instructions.)	2, 3b, 3c, 4b, ines 2 and 3; F	4c, 5a, 6, 9a, Part IV, Sectio	9b, 9c, 11a, 1 n E, lines 1c, 2	1b, and 11c; Par 2a, 2b, 3a, and 3	t IV, Section B, lines b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C V, Section B, line 1e; Part <sup>v</sup>	

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

## Schedule B

(Form 990)

Department of the Treasury

### Internal Revenue Service

### Name of the organization

PEOPLE UNITED FOR SUSTAINABLE HOUSING,

20-3558447

OMB No. 1545-0047

2022

Employer identification number

a		
Organization	type (check one):	

TNC.

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

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.

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

**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)

PEOPLI INC.	E UNITED FOR SUSTAINABLE HOUSING,		20-3558447
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
7		\$597,0	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
10		\$394,1	67.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
5		\$200,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
4		\$180,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$150,0	00. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
1		\$128,2	28.     Person     X       Payroll

Schedule B (Form 990) (2022) Name of organization

Employer identification number

INC.		20	)-3558447
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$118,500.	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
6		\$479,394.	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
12		\$126,667.	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
13		\$90,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$83,333.	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
		\$78,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization

PEOPLE UNITED FOR SUSTAINABLE HOUSING,

Employer identification number

THC.		20	) <u>))))</u>
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$76,875.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

20 - 3558447

### Schedule B (Form 990) (2022)

Name of organization

# PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC.

Schedule E	3 (Form 990) (2022)		Page <b>3</b>
Name of or			Employer identification number
INC.	E UNITED FOR SUSTAINABLE HOUSING,		20-3558447
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		-   -   -   \$	

Schedule	B (Form 990) (2022)			Page <b>4</b>			
	organization			Employer identification number			
	E UNITED FOR SUSTAINABI	LE HOUSING,					
INC.			20-3558447				
Part III	Exclusively religious, charitable, etc., contribu from any one contributor. Complete columns (a	) through (e) and the following line entry. For	or organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or less f	or the year. (Enter this info.	once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, a	and $\mathbf{7IP} \pm 4$	Relationship of tr	ansferor to transferee			
			Trend to home of the				
(a) No. from	(b) Purpose of gift (c) Use of gift		(d) Des	cription of how gift is held			
Part I							
			-				
	(e) Transfer of gift						
		Deletionship of th					
	Transferee's name, address, a		Relationship of tra	ansferor to transferee			
(-) N-			- 1				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Part I							
	(e) Transfer of gift						
	Transferee's name, address, a	and ZID + 4	Polationship of tr	ansferor to transferee			
			Relationship of the				
(a) No.			1				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
Parti							
			-				
	(e) Transfer of gift						
	Transferee's name, address, a	and $\mathbf{7ID} \pm 4$	Relationship of the	ansferor to transferee			

SCHEDULE D (Form 990)		Complete if the orga	al Financial Statements nization answered "Yes" on Form 990,			OMB No. 1545-0047
Depar	tment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990.			Open to Public
Intern	al Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest informa			Inspection
	INC.				2	ridentification number 0-3558447
Pa		ations Maintaining Donor Advise n answered "Yes" on Form 990, Part IV, lin		s or Acco	ounts.	Complete if the
			(a) Donor advised funds	<b>(b)</b> F	unds an	d other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year		a d funda		
5	-	on inform all donors and donor advisors in on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
Ŭ	•	poses and not for the benefit of the donor of	0 0	2		
	impermissible priv			-		Yes No
Pa	rt II Conserv	ation Easements. Complete if the org				
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).			
	Preservation	n of land for public use (for example, recrea	ation or education) Preservation of	a historica	lly impo	rtant land area
	Protection o	f natural habitat	Preservation of	a certified	historic	structure
		n of open space				
2		through 2d if the organization held a quali	fied conservation contribution in the form	of a conse	_	
	day of the tax yea					at the End of the Tax Year
-		onservation easements				
b		ricted by conservation easements			_	
с С		vation easements included in (c) acquired			,	
u		isted in the National Register	•	20		
3		vation easements modified, transferred, re				ng the tax
•	year			organizat		
4		where property subject to conservation ea	sement is located			
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements i	t holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation e	asemen	ts during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easen	nents du	iring the year
8		vation easement reported on line 2(d) abov				
•		)(4)(B)(ii)? be how the organization reports conservati				. └── Yes └── No
9		d include, if applicable, the text of the foot	•			s tho
		ounting for conservation easements.	note to the organization's infancial statem	ents that o	escribe:	
Pa		ations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sim	nilar A	ssets.
		f the organization answered "Yes" on Form				
1a	If the organization	elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balanc	e sheet	works
	of art, historical tre	easures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance	of publi	с
	service, provide in	Part XIII the text of the footnote to its final	ncial statements that describes these iten	ns.		
b	If the organization	elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sh	eet wor	ks of
		sures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of	public s	ervice,
	-	ing amounts relating to these items:				
		ded on Form 990, Part VIII, line 1				
-						
2		received or held works of art, historical tre		l gain, prov	/ide	
		unts required to be reported under FASB A			¢	
		on Form 990, Part VIII, line 1				
		I Form 990, Part X eduction Act Notice, see the Instruction		<u></u>		dule D (Form 990) 2022

232051 09-01-22

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	dule D (Form 990) 2022 INC . t III Organizations Maintaining C	Collections of A	rt His	torical Tr		or Other			
3	Using the organization's acquisition, accessi								lucuj
5	collection items (check all that apply):	ion, and other record	13, CHEC	k any or the	Tollowing that	t make sigi	incant use of	1.5	
а	Public exhibition	c	•	Loan or exc	hange progra	m			
b	Scholarly research	e							
c	Preservation for future generations	e	-						
	-	allastions and availab	in how t	hov furthor t	ho organizati	on'a avamr	t nurnana in D		
4	Provide a description of the organization's c							art Alli.	
5	During the year, did the organization solicit of to be sold to raise funds rather than to be m							Yes	
Par	t IV Escrow and Custodial Arran								
I UI	reported an amount on Form 990, Pa			e organizatio	ii answereu		Jilli 990, Fait I	v, iirie 9, 0i	
12	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not in	cluded		
Ia								Yes	No No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						L		
a	in res, explain the arrangement in Part XIII	and complete the it	bilowing	lable.				Amount	
-								Amoun	•
	Beginning balance								
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance								
	Did the organization include an amount on F							Yes	No
Par	If "Yes," explain the arrangement in Part XIII.								
Fai	t V   Endowment Funds. Complete i	(a) Current year		Prior year			Three years bac		years back
		(a) Guiterit year		TIOI year		S DACK (U			yours buck
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1	1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	nd administe	red for the		-	
	organization by:								Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the	e organization's ende	owment	funds.					
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990	), Part X, lir	ie 10.		
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acci	umulated	(d) Bool	< value
		basis (investi	ment)		(other)	depre	eciation		
1a	Land				2,984.				2,984.
b	Buildings				3,391.		2,043.		1,348.
	Leasehold improvements								
	Equipment			10	2,462.	10	2,462.		0.
	Other								
	Add lines 1a through 1e. (Column (d) must e		X, colui	mn (B), line 1	.)				4,332.

Schedule D (Form 990) 2022

PEOPLE UNITED FOR SUSTAINABLE HOU	SING,
-----------------------------------	-------

Schedule D (Form 990) 2022 INC .		20	-3558447 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-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" of	n Form 990, Part IV, line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	( )		,
(1)			
(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" of		e 11d. See Form 990, Part X, line 15.	
	escription		(b) Book value
(1) DUE FROM RELATED PARTY			261.
(2) CONSTRUCTION IN PROGRESS			49,246.
(3) OPERATING LEASE RIGHT-OF-U	ISE ASSET, NI	ET	210,433.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	15)		259,940.
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		259,940.
Complete if the organization answered "Yes" of	n Form 990 Part IV line	110 or 11f Soo Form 000 Part X line 2	5
(a) Description of lightlifts	111 OITH 330, 1 at 10, inte		(b) Book value
<u> </u>			
(1) Federal income taxes (2) OPERATING LEASE LIABILITY			210,433.
(3)			210,100
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

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

210,433.

	edule D (Form 990) 2022 INC .			ge <b>4</b>
Ра	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 123	a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	<b>2</b> a		
b	Donated services and use of facilities	<b>2b</b>		
С	Recoveries of prior year grants	<b>2</b> c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
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	<b>4a</b>		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
-				
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe		
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	nents With Expe a.	enses per Return.	
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe a.	enses per Return.	
	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	enses per Return.	
1	Reconciliation of Expenses per Audited Financial Statem           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a           Total expenses and losses per audited financial statements	nents With Expe	enses per Return.	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Expe	enses per Return.	
1 2 a	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With Expe a. 2a 2b	enses per Return.	
1 2 a b	Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a            2b            2c	enses per Return.	
1 2 b c	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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	2a            2b            2c            2d	enses per Return.	
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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.)	2a            2b            2c            2d	enses per Return.	
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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	2a         2a            2b            2c            2d	enses per Return.	
1 2 b c d 8 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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	nents With Expe a. 2a 2b 2c 2d	enses per Return.	
1 2 b c d 3 4	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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:	2a        2a        2b        2c        2d	enses per Return.	
1 2 3 4 3	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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	2a         2a            2a            2b            2c            2d	1         1         2e         3	
1 2 b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statem         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         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.)	2a          2a          2b          2c          2d	1         1         2e         3         4c	

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.

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States						
	Comp	lete if the organizatio			rt IV, line 21 or 22.		
							Open to Public Inspection
Name of the organization PEOPLE UNITED FOR SUSTAINABLE HOUSING, Employer identification n							
INC.							20-3558447
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the seled	
criteria used to award the grants or assis	stance?						X Yes 🗌 No
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
417 HOUSING DEVELOPMENT FUND COMPANY - 429 PLYMOUTH AVENUE, STE 1 - BUFFALO, NY 14213	83-2798323	501(C)(3)	100,000.	0.			TO PROVIDE HOUSING ACCOMODATIONS FOR PERSONS AND FAMILIES OF LOW INCOME
BIG BIG TABLE COMMUNITY CAFE, INC							COMMUNITY HEALTH SMALL
272 HUDSON STREET							GRANTS PARTNER
BUFFALO, NY 14201	81-1848012		10,000.	0.			ORGANIZATION
BISHOP, HARPER SE 50 GREENWOOD PLACE, UPPER BUFFALO, NY 14213	08-3728828		15,000.	0.			INTERIM DIRECTOR/COALITION COORDINATOR STIPEND
			,				
BUFFALO ARTS STUDIO 2495 MAIN STREET SUITE 500 BUFFALO, NY 14214	16-1475736	501(C)(3)	7,500.	0.			COMMUNITY DEVELOPMENT PROJECT: MURAL PROJECT
BUFFALO NEIGHBORHOOD STABILIZATION COMPANY - 429 PLYMOUTH AVE, SUITE	0.7.05000.74	501 ( 2) ( 2)	1 0 10 0 70				NEIGHBORHOOD
<u>1 - BUFFALO, NY 14213</u>	27-0580274	501(C)(3)	1,248,870.	0.			STABILIZATION
BUFFALO PARENT-TEACHER ORGANIZATION - PO BOX 124 -							ROWBOAT GRANT - FUNDING FOR COLLABORATIVE EFFORTS
BUFFALO, NY 14207	47-6731175	501(C)(3)	25,000.	0.			TO COMBAT GENTRIFICATION
2 Enter total number of section 501(c)(3) and 2 Enter total number of other ergenizations	-	-				•	<u> </u>
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,			<u></u>		<u></u>		ع 3 • Schedule I (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARN AIR COALITION OF WNY							COMMUNITY HEALTH SMALL
52 LINWOOD AVE							GRANTS PARTNER
BUFFALO, NY 14209	27-0746038		10,000.	0.			ORGANIZATION
,			,				IDENTIFY AND ADDRESS GAPS
COALITION FOR ECONOMIC JUSTICE							IN SERVICES THAT ARISE AS
2945 MAIN STREET SUITE 425							CRISIS DEVELOPS WHILE
BUFFALO, NY 14214	22-3037457	501(C)(3)	25,000.	0.			HELPING BUILD AND SUPPORT
COMMUNITY ACTION ORGANIZATION OF							COMMUNITY HEALTH SMALL
WNY (CAOWNY) - 45 JEWETT AVE -			10.000				GRANTS PARTNER
BUFFALO, NY 14214-2442	16-0911473	501(C)(3)	10,000.	0.			ORGANIZATION
							BUILDING RELATIONSHIPS,
CONECT INC.							TRUST & POWER FOR
515 MAIN ST							HEALTHIER INDVIDIUALS,
BUFFALO, NY 14203	46-1542603	501(C)(3)	15,000.	0.			ORGANIZATIONS &
HEALTNG ENGINE ABDIGA LOONG							
HEALING ENSURE AFRICA LOOMS							COMMUNITY HEALTH SMALL
INTERNATIONAL - 240 WEST FERRY ST	25 2220001	F01/(0)/(2)	10.000	0			GRANTS PARTNER
- BUFFALO, NY 14213	35-2339901	501(C)(3)	10,000.	0.			ORGANIZATION
THEFT OF BOD WIGDANE PANTITES INV							DIRECT SUPPORT, FINANCIAL
JUSTICE FOR MIGRANT FAMILIES WNY							SUPPORT TO PEOPLE IN
371 DELAWARE AVE	04 1066270	F01(a)(2)	25 000	0			IMMIGRANT DETENTION.
BUFFALO, NY 14202	84-1966379	501(C)(3)	25,000.	0.			REGRANT FROM ROWBOAT
NYC ENVIRONMENTAL JUSTICE ALLIANCE							CLIMATE JUSTICE AND
INC - 462 36TH ST APT 3F -							COMMUNITY RESILIENCY
BROOKLYN, NY 11232	13-3779250	501(C)(3)	134,048.	0.			PROJECTS
BROOKLIN, NI 11232	13-3779230	501(0)(3)	134,040.	0.			ROWBOAT GRANT DESIGNATED
OUR CITY BUFFALO							FOR OUT CITY ACTION
PO BOX 610							BUFFALO TO HELP PAY FOR
	84-5173582	501(C)(3)	51,383.	0.			
BUFFALO, NY 14213	04-01/0002		51,363.	0.			LEGAL, OCB STAFF & ADMIN
POINT COMMUNITY DEVELOPMENT CORP.							
940 GARRISON AVENUE							YOUTH AND COMMUNITY
BRONX, NY 10474	13-3765140	501(C)(3)	114,048.	0.			DEVELOPMENT PROGRAMS

Schedule I (Form 990)

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PUBLIC ACCOUNTABILITY INITIATIVE INC 266 ELMWOOD AVE #191 - BUFFALO, NY 14222	20-0972582	501(C)(3)	10,000.	0.			CORPORATE & GOVERNMENT ACCOUNTABILITY
THE GALACTIC TRIBE, INC PO BOX 1908 BUFFALO, NY 14225	87-1016378	501(C)(3)	10,000.	0.			COMMUNITY HEALTH SMALL GRANTS PARTNER ORGANIZATION
THE WASH PROJECT 593 GRANT STREET BUFFALO, NY 14213	47-1104626	501(C)(3)	18,750.	0.			ARTS INTEGRATION PROGRAMMING, WASH CHORUS 2022 CROSSROADS FUNDING
UJIMA COMPANY, INC. 429 PLYMOUTH AVE, STE 2 BUFFALO, NY 14213	22-2543797	501(C)(3)	26,000.	0.			ARTS SERVICES: PEACE LOV. & POWER PROJECT. ROWBOAT FOUNDATION GRANT & LORNA C HILL THEATER
UPROSE INC 462 36TH ST APT 3A BROOKLYN, NY 11232	11-2490531	501(C)(3)	114,048.	0.			COMMUNITY RESILIENCY PLANNING PROJECT

Schedule I (Form 990) 2022

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Dravide the information re-					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

PROJECT SCOPE IS APPROVED BY THE ORGANIZATION'S PROJECT MANAGER WHO

MONITORS EXPENSES AND PROCESS AND SIGNS OFF WHEN COMPLETE. THE GRANT

RECIPIENT PAYS EXPENSES AND SUBMITS RECEIPTS AND PROOF OF PAYMENT. THE

ORGANIZATION REIMBURSES THE GRANT RECIPIENT ONCE PAYMENT IS APPROVED AND

RECEIVED FROM THE GRANTOR.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: AMALGAMATED CHARITABLE FOUNDATION INC

PEOPLE UNITED FOR SUSTAINABLE HOUSING, Schedule I (Form 990) INC. 20-3558447 Page 2 Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR THOSE IN NEED;

SUPPORT FOR YOUTH AND FAMILIES; CIVIL

AND HUMAN RIGHTS; EDUCATION; HEALTH AND SCIENTIFIC RESEARCH; ARTS,

CULTURE AND THE HUMANITIES; CIVIC AND COMMUNITY AFFAIRS; AND

ENVIRONMENTAL PRESERVATION.

NAME OF ORGANIZATION OR GOVERNMENT: COALITION FOR ECONOMIC JUSTICE

(H) PURPOSE OF GRANT OR ASSISTANCE: IDENTIFY AND ADDRESS GAPS IN

SERVICES THAT ARISE AS CRISIS DEVELOPS WHILE HELPING BUILD AND SUPPORT

THE COMMUNITY. ROWBOAT GRANT

NAME OF ORGANIZATION OR GOVERNMENT: CONECT INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING RELATIONSHIPS, TRUST &

POWER FOR HEALTHIER INDVIDIUALS, ORGANIZATIONS & COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT:

GRASSROOTS GARDENS OF WESTERN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: STRENGTHEN NEIGHBORHOOD CONNECTIONS

AND SUPPORT FOOD PRODUCTION INITIATIVE THROUGH COMMUNITY GARDENS

NAME OF ORGANIZATION OR GOVERNMENT: GWBN INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOSTED AND PROMOTED GARDEN WALKS

THROUGHOUT THE CITY OF BUFFALO TO BENEFIT BEAUTIFICATION AND NEIGHBORHOOD

CIVILITY.

NAME OF ORGANIZATION OR GOVERNMENT: JUSTICE FOR MIGRANT FAMILIES WNY (H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT SUPPORT, FINANCIAL SUPPORT TO PEOPLE IN IMMIGRANT DETENTION. REGRANT FROM ROWBOAT FOUNDATION AND OUR 232291 Schedule I (Form 990) 04-01-22 
 Schedule I (Form 990)
 INC.

 Part IV
 Supplemental Information

CITY BUILDS.

NAME OF ORGANIZATION OR GOVERNMENT: OUR CITY BUFFALO

(H) PURPOSE OF GRANT OR ASSISTANCE: ROWBOAT GRANT DESIGNATED FOR OUT

CITY ACTION BUFFALO TO HELP PAY FOR LEGAL, OCB STAFF & ADMIN EXPENSES

NAME OF ORGANIZATION OR GOVERNMENT: ROWBOAT FAMILY FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND CHARITABLE, EDUCATIONAL

ORGANIZATIONS THAT ADVANCE SOCIAL, ECONOMIC, GENDER AND RACIAL JUSTIC.

GRANTEES INCLUDE PUSH BUFFALO INC AND OTHERS

NAME OF ORGANIZATION OR GOVERNMENT: THE JPB FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ADVANCE OPPORTUNITY IN THE UNITED STATES THROUGH TRANSFORMATIONAL INITIATIVES THAT EMPOWER THOSE LIVING IN POVERTY, ENRICH AND SUSTAIN OUR ENVIRONMENT, AND ENABLE PIONEERING MEDICAL RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: THE KRESGE FOUNDATION (H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE HUMAN PROGRESS. FOR MORE THAN EIGHT DECADES, WE DID SO THROUGH CAPITAL CHALLENGE GRANTS, HELPING TO ESTABLISH EDUCATIONAL, CULTURAL AND HEALTH CARE FACILITIES ACROSS THE COUNTRY

NAME OF ORGANIZATION OR GOVERNMENT: WESTERN NEW YORK PEACE CENTER (H) PURPOSE OF GRANT OR ASSISTANCE: GRANTS FOR PROGRAMS DESIGNED TO ADDRESS ISSUES RELATING TO PEACE, HUMAN RIGHTS, AND SOCIAL JUSTICE. PROGRAMS WORKING TOWARDS VIOLENCE PREVENTION IN THE WNY AREA.

SCHEDULE O	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	Open to Public Inspection
Name of the organization		identification number 558447

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

CREATE STRONG NEIGHBORHOODS WITH QUALITY, AFFORDABLE HOUSING; TO EXPAND

LOCAL HIRING OPPORTUNITIES; AND TO ADVANCE ECONOMIC AND ENVIRONMENTAL

JUSTICE IN BUFFALO.

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

PUBLIC, SERVING YOUTH OF ALL AGES. THERE ARE A RANGE OF ACTIVITIES FOR

YOUTH TO ENGAGE IN COMPUTERS, HOMEWORK HELP, GAMES, MUSIC, EVENTS AND

PROGRAMMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PUSH GREEN

PUSH LAUNCHED THIS PROGRAM WITH THE GOAL OF WEATHERIZING HOMES ACROSS

THE REGION. PUSH'S CENTRAL ACHIEVEMENT IN SCALING UP ENERGY EFFICIENCY

RETROFITS IS GREEN JOBS - GREEN NY (GJGNY), AN INNOVATIVE LAW DRAFTED

IN PARTNERSHIP WITH THE CENTER FOR WORKING FAMILIES IN NYC. PUSH HAS

MADE SIGNIFICANT PROGRESS IN IMPLEMENTING GJGNY TO SCALE-UP THE

RETROFIT SECTOR AND TO EXPAND ACCESS TO GREEN JOBS FOR LOW-INCOME

WORKERS.

EXPENSES \$ 275,873. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

LINE 6 EXPLANATION - THE ORGANIZATION HAS MEMBERS OF THE COMMUNITY THAT

ELECT BOARD MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

Schedule O (Form 990) 2022 Pag						
Name of the organization	PEOPLE INC.	UNITED	FOR	SUSTAINABLE	HOUSING,	Employer identification number 20-3558447

LINE 7A EXPLANATION - MEMBERS ELECT THE BOARD OF DIRECTORS AT THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B:

LINE 7B EXPLANATION - ANY BY-LAW CHANGES MUST BE APPROVED BY THE MEMBERS

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

LINE 11 EXPLANATION - THE DRAFT FORM 990 IS REVIEWED IN DETAIL WITH THE FINANCE COMMITTEE. THE TREASURER OF THE BOARD OF DIRECTORS OVERSEES THE NONATTEST SERVICES PROVIDED BY THE AUDITORS, INCLUDING PREPARATION OF THE FORM 990. THE AUDIT COMMITTEE REVIEWS ALL REQUIRED SCHEDULES AND COMPARES THE FINANCIAL DATA TO THE AUDITED FINANCIAL STATEMENTS AND UNDERLYING SUPPORTING INFORMATION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT IS MONITORED BY THE BOARD AND REVIEWED ANNUALLY. CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY A BOARD MEMBER FOR PROPRIETY ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:
THE FINANCE COMMITTEE MAKES A RECOMMENDATION TO THE PERSONNEL COMMITTEE OF
THE EXECUTIVE DIRECTOR'S COMPENSATION BASED ON COMPARABLE COMPENSATION
FROM SIMILAR NONPROFITS. THE PERSONNEL COMMITTEE MAKES A RECOMMENDATION TO
THE BOARD AND THE BOARD HAS THE FINAL DETERMINATION OF THE EXECUTIVE
DIRECTOR'S SALARY. THE BOARD REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE
ANNUALLY.

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

Schedule O (Form 990) 2022 Name of the organization PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC.	Page 2 Employer identification number 20-3558447
GOVERNING DOCUMENTS SUCH AS THE CERTIFICATE OF INCORPORA	FION AND THE
ORGANIZATION'S BY-LAWS ARE GENERALLY NOT MADE AVAILABLE	TO THE PUBLIC,
EXCEPT ON A NEED TO KNOW BASIS. THE CONFLICT OF INTEREST	POLICY AND AUDITED
FINANCIAL STATEMENTS WILL BE AVAILABLE UPON REQUEST AND A	ARE OPEN TO THE
PUBLIC.	

SCHEDULE R	1	Related Organization	ns and Unrelated Pa	artnerships		F	OMB No. 154	5-0047	
(Form 990)	Compl	ete if the organization answered			ò, or 37.		202		
Department of the Treasury			tach to Form 990.				Open to P	ublic	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 FOR SUSTAINABLE	for instructions and the lates	st information.			Inspecti		
Name of the organiza	INC.	FOR SUSTRINABLE	HOUSING,			Employer iden 20-355		umber	
Part I Identifica	tion of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	33.					
(a) (b) (c) (d) (e)									
	dress, and EIN (if applicable) f disregarded entity	Primary activity	or Total inco	me End-of-year	assets Direc	ect controlling entity			
		_							
		_							
		-							
		-							
		_							
	tion of Related Tax-Exempt Organiz ons during the tax year.	zations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more related tax-	exempt		
	(a)	(b)	(c)	(d)	(e)	(f)	(	<b>g)</b> 512(b)(13)	
Na	me, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		512(b)(13) rolled	
ot	f related organization		foreign country)	section	status (if section	entity		tity?	
DIFENIO NETCUDO	RHOOD STABILIZATION COMPA -				501(c)(3))	PEOPLE UNITED F	Yes	No	
	PLYMOUTH AVENUE, STE 1,	-				SUSTAINABLE			
BUFFALO, NY 142		HOUSING DEVELOPMENT	NEW YORK	501(C)(3)		HOUSING	x		
	VENUE HOUSING DEVELOPMENT -					PEOPLE UNITED F			
	PLYMOUTH AVENUE, STE 1,	-				SUSTAINABLE			
BUFFALO, NY 142		LOW-INCOME HOUSING	NEW YORK	501(C)(3)		HOUSING	x		
MASSACHUSETTS AV	VENUE SUSTAINABLE HOUSING -					PEOPLE UNITED F			
46-3864309, 429	PLYMOUTH AVENUE, STE 1,	-				SUSTAINABLE			
BUFFALO, NY 142		LOW-INCOME HOUSING	NEW YORK	501(C)(3)	LINE 7 ORGAN	HOUSING	x		
·	ELOPMENT FUND COMPANY -					BUFFALO			
	PLYMOUTH AVENUE, STE 1,	7				NEIGHBORHOOD			
, BUFFALO, NY 142		LOW-INCOME HOUSING	NEW YORK	501(C)(3)		STABILIZATION	x		
,	uction Act Notice, see the Instructio	ons for Form 990.					R (Form 99	90) 2022	
		II FOR CONTINUATI	ONS						
232161 09-14-22 LHA									

Schedule R (Form 990) 2022 INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		oortionate ations?	Code V-UBI amount in box 20 of Schedule	man part	aging tner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
S77, LLC - 81-3422188 429 PLYMOUTH AVE	REAL ESTATE											
BUFFALO, NY 14213	RENTAL	NY	S77 MM, LLC	RELATED	-37.	332,645.		x	N/A		X	.01%
	-											
	-											
	-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	conti ent	( <b>i)</b> ction (b)(13) trolled tity?
								Yes	No
BNSC HOLDING COMPANY, LLC - 90-1021772			BUFFALO						
429 PLYMOUTH AVENUE, STE 1			NEIGHBORHOOD						
BUFFALO, NY 14213	REAL ESTATE	NY	STABILIATION	C CORP	-18.	533.	100.00%	Х	
PUSH GRO, INC - 81-1965501			PEOPLE UNITED						
429 PLYMOUTH AVENUE, STE 1			FOR						
BUFFALO, NY 14213	GREENHOUSE	NY	SUSTAINABLE	C CORP	0.	37.	100.00%	Х	
S77 MM, LLC - 32-0501086			BUFFALO						
429 PLYMOUTH AVENUE, STE 1			NEIGHBORHOOD						
BUFFALO, NY 14213	REAL ESTATE RENTAL	NY	STABILIATION	C CORP	-37.	0.	100.00%	Х	
	-								

Schedule R (Form 990) 2022 INC.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with	one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·	1a	_	Х
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>		1b	x	
<ul> <li>c Gift, grant, or capital contribution from related organization(s)</li> <li>c Gift, grant, or capital contribution from related organization(s)</li> </ul>		1c		x
		1d	x	
d Loans or loan guarantees to or for related organization(s)		1e		X
e Loans or loan guarantees by related organization(s)		Ie		<u></u>
				Х
f Dividends from related organization(s)		1f		X
g Sale of assets to related organization(s)		1g		
h Purchase of assets from related organization(s)		1h		X
i Exchange of assets with related organization(s)		1i		X
j Lease of facilities, equipment, or other assets to related organization(s)		1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)		1k		Х
I Performance of services or membership or fundraising solicitations for related organizatio		11	Х	
m Performance of services or membership or fundraising solicitations by related organizatio		1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		Х
o Sharing of paid employees with related organization(s)		10	Х	
p Reimbursement paid to related organization(s) for expenses	1	1p		Х
<b>q</b> Reimbursement paid by related organization(s) for expenses		1q		Х
r Other transfer of cash or property to related organization(s)		1r		Х
s Other transfer of cash or property from related organization(s)		" 1s		X
<ul> <li>2 If the answer to any of the above is "Yes," see the instructions for information on who mu</li> </ul>		13		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) BUFFALO NEIGHBORHOOD STABILIZATION COMPANY	В	1,248,870.	FAIR MARKET VALUE
(2) 417 HOUSING DEVELOPMENT FUND COMPANY INC	В	100,000.	FAIR MARKET VALUE
_(3)			
_(4)			
(5)			
_(6)			

Schedule R (Form 990) 2022 INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)			<del>)</del> )	(f)	(g)		n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partner 501 (c org:	all rs sec.	Share of			opor-	Code V-UBI	Gener	alor	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501 (c org	c)(3) s.?	total	end-of-year	Dispr tior alloca	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	ging er?	ownership
		country)	sections 512-514)	Yes No		income	assets	Yes No		(Form 1065)	Yes	NO	
											$\square$		
												_	

Schedule R (Form 990) 2022

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### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

### NAME OF RELATED ORGANIZATION:

417 HOUSING DEVELOPMENT FUND COMPANY

INC.

DIRECT CONTROLLING ENTITY: BUFFALO NEIGHBORHOOD STABILIZATION COMPANY INC.

#### PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BNSC HOLDING COMPANY, LLC

DIRECT CONTROLLING ENTITY: BUFFALO NEIGHBORHOOD STABILIATION COMPANY, INC

NAME OF RELATED ORGANIZATION:

PUSH GRO, INC

DIRECT CONTROLLING ENTITY: PEOPLE UNITED FOR SUSTAINABLE HOUSING, INC

NAME OF RELATED ORGANIZATION:

S77 MM, LLC

DIRECT CONTROLLING ENTITY: BUFFALO NEIGHBORHOOD STABILIATION COMPANY, INC