Public Disclosure Copy **HOLY FAMILY** COMMUNICATIONS **Form 990** December 31, 2022

STATE REGISTRATION NO. 06-49-06

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>A I</u>	or the	2022 calendar year, or tax year beginning and	enaing					
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
	Addre chang Name	HOLY FAMILY COMMUNICATIONS						
	chang	Doing business as		16-1511190				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	☐Final return	6325 SHERIDAN DRIVE		716-839-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,076,944.			
X	Amen	WIDDIAMSVIDLE, NI 1422I		H(a) Is this a group re				
	Application	F Name and address of principal officer: UAMES N. WRIGHT		for subordinates	? Yes X No			
	pendir	g SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
<u>1</u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	If "No," attach a	list. See instructions			
	Websi			H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1996 $ m extbf{ iny}$	1 State of legal domicile: NY			
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{THE}}$						
Activities & Governance		NOT FOR PROFIT CATHOLIC MEDIA NETWORK THA	T EXIS	TS IN ORDER	TO			
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	ets.			
ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	3			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3			
S S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	13			
/itie	6	Total number of volunteers (estimate if necessary)		6	0			
Çţ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
Ф	8	Contributions and grants (Part VIII, line 1h)		1,574,474.	1,506,483.			
ž	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125.	223,346.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,493.	-2,261.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,579,092.	1,727,568.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		513,310.	606,245.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
xbe	. b	Total fundraising expenses (Part IX, column (D), line 25) 212, 34	40.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,026,041.	1,145,939.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,539,351.	1,752,184.			
_	19	Revenue less expenses. Subtract line 18 from line 12		39,741.	-24,616.			
Net Assets or	3		Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		3,785,902.	6,485,461.			
T As	21	Total liabilities (Part X, line 26)		60,383.	2,784,558.			
		Net assets or fund balances. Subtract line 21 from line 20		3,725,519.	3,700,903.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.				
		Signature of officer		I Date				
Sig				Date				
Her	e	JAMES N. WRIGHT, PRESIDENT Type or print name and title						
			Ιr	Date Check	PTIN			
Da!		Print/Type preparer's name Preparer's signature Preparer's signature		l if				
Paid		EUGENE G. KERSHNER EUGENE G. KERSHN		2/21/23 self-employ	P00601324 6-1468002			
	parer	Firm's name CHIAMPOU TRAVIS BESAW & KERSHNER	חחה	Firm's EIN 1	0-1400007			
use	Only	Firm's address 45 BRYANT WOODS NORTH AMHERST, NY 14228		Dhana na / 7	16) 630-2400			
N 4 = -	, +b = "	-		Priorie no. \ /				
ivia	y trie II	RS discuss this return with the preparer shown above? See instructions			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	П
1	Briefly describe the organization's mission:	_
•	THE STATION OF THE CROSS IS A NOT FOR PROFIT CATHOLIC MEDIA NETWORK	
	THAT EXISTS IN ORDER TO EFFECTIVELY EVANGELIZE THROUGH RADIO	_
	PROGRAMMING, DIGITAL CONTENT, AND COMMUNITY ACTION.	_
	· · · · · · · · · · · · · · · · · · ·	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N	0
	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 \$1 , 363 , 601including grants of \$) (Revenue \$	_)
	1. NEWLY PRODUCED PROGRAMS BY THE STATION OF THE CROSS CATHOLIC MEDIA	_
	NETWORK	
	SATURDAY: 9 A.M THE TEACHING OF JESUS CHRIST (NEW WEEKLY SHOW THAT	
	COVERS THE CATECHISM OF THE CATHOLIC CHURCH) (NOVEMBER)	
	SATURDAY: 11 A.M. THE SPIRIT WORLD (LAUNCHED THIS NEW WEEKLY SHOW	
	CALLED, THE SPIRIT WORLD WHICH IS PRODUCED HERE AT THE STATION OF THE	
	CROSS AND IS HOSTED BY DEBBIE GEORGIANNI AND BY ADAM BLAI WHO IS A	
	RELIGIOUS DEMONOLOGY EXPERT. ALSO, THE GUADALUPE RADIO NETWORK IS NOW	
	BROADCASTING THE SPIRIT WORLD ON THEIR NETWORK (MAY)	
4b	(Code:) (Expenses \$	_)
		_
		_
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		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		—
		—
		—
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		—
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	_
··u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,363,601.	_
<u> </u>	Form 990 (200	20)

Form 990 (2022) HOLY FAMILY COMMUNICATIONS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
^	Schedule D, Part III	8		
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?			_v
	If "Yes," complete Schedule D, Part IV	9_		X
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		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		Х
14a	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			
	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	- 1.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		 ^
18		40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		 ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		_v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2022) HOLY FAMILY COMMUNICATIONS

Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		—
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
D	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	25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Constitute O contains a response of note to any line in this Fart v		Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35		162	INO
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5 5 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				_		Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a		13						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร? ฺ			2b	Х				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			[3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		[3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		<u>X</u>			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				5b		<u>X</u>			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solic	it			37			
	any contributions that were not tax deductible as charitable contributions?				6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the description.				0 1.					
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).				6b					
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the	navora	7a		х			
a h			provided to the	· · [7b		- 21			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				7.5					
Ū	to file Form 8282?				7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?		7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as require	d?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	ile a Form 109	8-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne							
	sponsoring organization have excess business holdings at any time during the year?				8					
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a					
b					9b					
10	Section 501(c)(7) organizations. Enter:	۔مد ا	1							
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>							
11	Section 501(c)(12) organizations. Enter: Grass income from members or charabelders	11a	1							
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	па								
b	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		•		12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•							
а	Is the organization licensed to issue qualified health plans in more than one state?				13a					
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		i							
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a					14a		<u>X</u>			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul				14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						7.7			
	excess parachute payment(s) during the year?				15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						37			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?		16		<u> </u>			
	If "Yes," complete Form 4720, Schedule O.		_							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				,,					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17					
	If "Yes," complete Form 6069.					000				

HOLY FAMILY COMMUNICATIONS 16-1511190 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 3 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NY MA	PΑ
17	LIST THE STATES WITH WHICH A CODY OF THIS FORTH 330 IS REQUIRED TO BE HIED	T4 T / TTZ /	T 77

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records $RICHARD\ PAOLINI\ -\ 716-839-6117$

6325 SHERIDAN DRIVE, WILLIAMSVILLE, NY 1422

Form **990** (2022)

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.

X Check this box if neither the organization no (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition			Reportable	Reportable	Estimated
1	hours per	box	, unle:	ss per	rson i	than o	an	compensation	compensation	amount of
	week		cer ar	id a di	irecto	r/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
1	below	dual tr	rtional	_	nploy	st con	_	1039-NEO)		organizations
1	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5. gaa
(1) JAMES N WRIGHT	30.00	_	_	_						
CEO AND PRESIDENT		Х		Х				0.	0.	0.
(2) JOANNE WRIGHT	20.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) MARY ELLEN CAPECE	5.00									
SECRETARY		Х		Х				0.	0.	0.
1										
1										
1										
			_							
1										
-										
1										
			\vdash							
		-								
		1								
i		1	_	\vdash	\vdash	\vdash		 		

Form 990 (2022)

	Section A. Officers, Directors, Trus		лоу	ees,			gnes			'	Ι.,	-\	
	(A)	(B) Average			(C Posi		1		(D)	(E)	(F)		
	Name and title	hours per		not ch	neck r	more	than c		Reportable compensation	Reportable compensation	1	nated unt of	
		week					s both r/trust		from	from related		her	
		(list any	ctor						the	organizations	1	nsation	
		hours for	r dire				ted		organization	(W-2/1099-MISC/	fron	n the	
		related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organ	ization	
		organizations	al trus	nal tr		loyee	com p		1099-NEC)		I	elated	
		below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			organi	zations	
		iii ic)	llı	Ë	9	Ke	en Hi	요					
_													
	Subtotal								0.	0		0	
	Total from continuation sheets to Part V								0.	0		0	
<u>a</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but r								- 1		•		
	compensation from the organization	ot mintod to th			u u.o		,		estrod more triair ¢ ros,			. (
											Y	es No	
3	Did the organization list any former officer	•		•	•	•		•		•		x	
	line 1a? If "Yes," complete Schedule J for s										3	→ ^	
ŀ	For any individual listed on line 1a, is the si											x	
	and related organizations greater than \$15										4	→ ^	
	Did any person listed on line 1a receive or a	•				•			•		5	х	
ес	rendered to the organization? If "Yes." contion B. Independent Contractors	<u>ipiete Scheaule</u>	2 J T	or su	cn ŗ	<u>oers</u>	on .				1 3	11	
	Complete this table for your five highest co										sation from		
_	the organization. Report compensation for	the calendar ye	ear e	ndın	g wi	ith c	or wi	:hin T		ear.	(0)		
	(A) Name and business	address	NC	NE	!				(B) Description of s	ervices	(C) Compens	ation	
			110	7141									
_								\dashv					
						_		_					
								\neg					
								\dashv					
_								\dashv					
2	Total number of independent contractors (i		ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than			
	\$100,000 of compensation from the organi	zation				()						

Form 990 (2022) HOLY FA
Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a re	esponse (or note to any lir	ne in this Part VIII			
			Officer if Octrodule O	JOHE	anis a re	сэропас	or riote to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
											Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns			1a					
iz on			Membership dues			1b					
A, G		С	Fundraising events			1c					
ii ii		d	Related organizations		L	1d					
ni,		е	Government grants (contri	ibuti	ions)	1e					
Sign			All other contributions, gifts,								
e Ei		•	similar amounts not included			1f 1,	506,483.				
등문		~	Noncash contributions included in			1g \$	54,154.	-			
o d		•		lines	1a-1f _	Ig ja		1,506,483.			
O g		h	Total. Add lines 1a-1f					1,300,403.			
							Business Code				
မွ	2	а									
Σœ		b									
Se		С									
E S		d									
Be		е									
Program Service Revenue			All other program service								
			Total. Add lines 2a-2f								
	3		Investment income (include					77.			77.
								11.			11.
	4		Income from investment of			-					
	5		Royalties	. <u></u>							
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b	4,	024.					
			Rental income or (loss)	6с	-4,	024.					
			Net rental income or (loss)				•	-4,024.	-4,024.		
			Gross amount from sales of	,	(i) Se	curities	(ii) Other		=, ====		
		а		7-	<u> </u>		568,621.	-			
			assets other than inventory	7a	+		500,021.	-			
		D	Less: cost or other basis				245 252				
ğ			and sales expenses				345,352.	-			
Revenue			Gain or (loss)				223,269.	222 252	222 252		
æ		d	Net gain or (loss)					223,269.	223,269.		
her	8	а	Gross income from fundraising	ng ev	ents (no	ot					
₹			including \$			of					
			contributions reported on	line	1c). Se	e					
			Part IV, line 18								
		h	Less: direct expenses								
			Net income or (loss) from								
	9	а	Gross income from gamin								
			Part IV, line 19					-			
			Less: direct expenses								
		С	Net income or (loss) from	gam	ing acti	vities	 T				
	10	а	Gross sales of inventory, I	ess	returns						
			and allowances			10a					
		b									
			Net income or (loss) from				•				
		-	(,	Business Code				
sn	11	2	OTHER INCOME				900099	1,763.	1,763.		
e e	• •						700075	1,,05.	1,,050		
lar en		b					<u> </u>				
Miscellaneous Revenue		С						1	1		
Μis			All other revenue					1 7 6 6			
		е	Total. Add lines 11a-11d					1,763.	201 111		
	12		Total revenue. See instruction	ns				1,727,568.	221,008.	0.	77.
23200	9 12-	13-	22								Form 990 (2022)

13461221 795314 110857

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 514,817. 401,557. 36,037. 77,223. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 48,155. 37,561. 3,371. 7,223. Other employee benefits 9 43,273. 33,753. 3,029. 6,491. 10 Payroll taxes 11 Fees for services (nonemployees): Management 5,749. 7,186. 1,437. Legal 15,900. 3,180. 12,720. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 853. 803. 50 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 31,491. 9,447. 18,895. 3,149. Office expenses 13 Information technology 14 15 Royalties 365,822. 406,468. 20,323. 20,323. 16 Occupancy 16,280. 4,884. 6,512. 4,884. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 286. 286. 20 Payments to affiliates 21 65,189. 65,189. Depreciation, depletion, and amortization 22 23,621. 18,897. 4,724. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 116,794. 5,840. 99,275. 11,679. UTILITIES WEB PAGE EXPENSE 75,437. 56,578. 15,087. 3,772. 71,269. 14,254. 49,888. 7,127. TELEPHONE AND INTERNET 52,405. 36,541. 13,220. 2,644.CLEANING AND MAINTENANC SEE SCH O 262,760. 178,503. 16,432. 67,825. All other expenses 1,752,184. 1,363,601. 176,243. 212,340. Total functional expenses. Add lines 1 through 24e 25 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 990 (2022)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			87,297.	1	470,390.
	2	Savings and temporary cash investments			494,105.	2	111,737.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	2,891,306.			
	b				1,018,604.	10c	824,991.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line	0 100 406	13	0 200 006		
	14	Intangible assets	2,182,496.	14	2,382,086.		
	15	Other assets. See Part IV, line 11	3,400.	15	2,696,257.		
	16	Total assets. Add lines 1 through 15 (must equ			3,785,902.	16	6,485,461.
	17	Accounts payable and accrued expenses		10,383.	17	29,224.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21 22	Escrow or custodial account liability. Complete I				21	
Liabilities	22	Loans and other payables to any current or form					
bilit		trustee, key employee, creator or founder, subst controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-		50,000.	23	0.
	24	Unsecured notes and loans payable to unrelated			30,000.	24	•
	25	Other liabilities (including federal income tax, pa					
	23	parties, and other liabilities not included on lines	,				
		of Schedule D	,	•	0.	25	2,755,334.
	26	Total liabilities. Add lines 17 through 25		1	60,383.	26	2,784,558.
		Organizations that follow FASB ASC 958, che					, , , , , , , , , , , , , , , , , , , ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,236,380.	27	3,589,857.
Bal	28	Net assets with donor restrictions	489,139.	28	111,046.		
nd		Organizations that do not follow FASB ASC 9					
·Fu		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			3,725,519.	32	3,700,903.
	33	Total liabilities and net assets/fund balances			3,785,902.	33	6,485,461.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,72					
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,75	$\frac{2,1}{4,6}$				
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,72	5,5	<u>19.</u>			
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10		3,70	0,9	03.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X			
					Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate								
	consolidated basis, or both:					1			
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	l			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc	dit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOLY FAMILY COMMINICATIONS

Employer identification number 1.6 - 1.511190

				MINORICATIONS				0-1311190
Pa	ırt I	Reason for Public C	Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)		
1		A church, convention of chu	urches, or association	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	1 990).)			
3	一	A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	\Box	A medical research organiza					•	the hospital's name.
•		city, and state:	anon operated in co.	njamosnom mini a moopman		000110		and mospital o maine,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describ	ad in
3	ш	section 170(b)(1)(A)(iv). (C		lege of differences	or operati	cd by a go	Verrimental and describe	SG III
_			•		47	70/L\/4\/A\	<i>(</i>)	
6	V	A federal, state, or local gov	ū				• •	1.0. 1. 2. 1.
′	X	An organization that normal	•	ntial part of its support fr	om a gove	ernmentai	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe			•			
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of the college	e or
		university:						
10		An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, an	d gross receipts from
		activities related to its exem	npt functions, subject	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusiv	vely to test for public sat	ety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported org	•	•	•		•	• •
		lines 12a through 12d that of	-					
а		Type I. A supporting orga	* *				· · · · · ·	aivina
_		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	_		
		organization. You must c	· · · · · ·	• • • •	majority o	i tric direc	tors or trustees or the st	арроппід
		¬ ~			ion with it	a aupporta	od organization(s) by bay	ina
b	,	Type II. A supporting orga						-
		control or management of			ame perso	ns that co	ntroi or manage the sup	σοπεα
		organization(s). You mus						
С	;	Type III functionally inte					• •	ea witn,
		its supported organization						
C							• • • •	
		that is not functionally into	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and an attenti	veness
	_	requirement (see instructi	•					
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information			<i>'</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support									
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1888519.	1489350.	2007592.	1584550.	1506483.	8476494.			
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									
	Total. Add lines 1 through 3	1888519.	1489350.	2007592.	1584550.	1506483.	8476494.			
	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)									
	Public support. Subtract line 5 from line 4.						8476494.			
	tion B. Total Support						01701910			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 4	1888519.	1489350.	2007592.	1584550.	1506483.	8476494.			
	Gross income from interest,	20003231		200,0320	23013301		01,01510			
	dividends, payments received on									
	securities loans, rents, royalties,	17.	5,900.	2,064.	5,625.	77.	13,683.			
	and income from similar sources	17.	3,300.	2,004.	3,023.	11•	13,003.			
	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)						8490177.			
	Total support. Add lines 7 through 10		`				0490177.			
	Gross receipts from related activities,	•	,			12				
	First 5 years. If the Form 990 is for th	-		· · · · · · · · · · · · · · · · · · ·						
	organization, check this box and stor			• • • • • • • • • • • • • • • • • • • •						
	tion C. Computation of Publi			l (f)		44	99.84 %			
	Public support percentage for 2022 (I					14	0000			
	Public support percentage from 2021					15				
	33 1/3% support test - 2022. If the contraction and life is	-					77			
	stop here. The organization qualifies		~		Line 45 in 00 4 /00/					
	33 1/3% support test - 2021. If the o									
	and stop here. The organization qual									
	10% -facts-and-circumstances test	-								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
		-	•	o 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or						
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is				
b	10% -facts-and-circumstances test more, and if the organization meets the	- 2021. If the org	anization did not c nstances test, chec	heck a box on line	e 13, 16a, 16b, or 1 cop here. Explain in	7a, and line 15 is a	10% or			
b	10% -facts-and-circumstances test	- 2021. If the org ne facts-and-circum umstances test. Th	anization did not constances test, checones test, checone organization qua	heck a box on line ok this box and st difies as a publicly	e 13, 16a, 16b, or 1 cop here. Explain in supported organiz	7a, and line 15 is an Part VI how the ration	10% or			

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	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			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction).	ons).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruction	1 '	N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	20		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement	2a		
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	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

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

5

6

Par	't V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(contint}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	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				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HOLY FAMILY COMMUNICATIONS

Employer identification number 16-1511190

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised failus	(b) i unus and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a		
_	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	ctan and relations made develop to memoring, inspecting,	Thanking of Violations, and officially con-	oor valien eacomonic daring the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
	3, 1, 3,	3	3
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	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	· ·	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2022

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

	dule D (Form 990) 2022 HOLY FAMI				0011200 02	Othor 6		121117	
	t III Organizations Maintaining Coll							1	iued)
3	Using the organization's acquisition, accession,	and other record	s, check	any of the f	ollowing that	make sign	ificant use of	its	
	collection items (check all that apply):		. —						
а	Public exhibition	c			hange progra				
b	Scholarly research	е	• []	Other					
С	Preservation for future generations								
4	Provide a description of the organization's collection							art XIII.	
5	During the year, did the organization solicit or re-								
ъ.	to be sold to raise funds rather than to be mainta							Yes	No
Pai	t IV Escrow and Custodial Arranger		ete if the	organizatio	n answered "	Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Part X,								
1a	Is the organization an agent, trustee, custodian of								
	on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII and	I complete the fol	lowing t	able:					
								Amoun	<u> </u>
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Form					•	?	Yes	U No
	If "Yes," explain the arrangement in Part XIII. Ch								
Pai									
		a) Current year	(b) F	Prior year	(c) Two year	s back (d) Three years ba	ack (e) Four	years back
1a	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 current	•	e (line 1	g, column (a)) held as:				
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c should	•							
3а	Are there endowment funds not in the possession	on of the organiza	tion tha	t are held ar	d administer	ed for the		ſ	
	organization by:								Yes No
	(i) Unrelated organizations								
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the org		wment f	unds.					
Pai	t VI Land, Buildings, and Equipmen								
	Complete if the organization answered "Y	I		i e	T	•			
	Description of property	(a) Cost or o		` ',	or other		umulated	(d) Boo	k value
		basis (investr	nent)		(other)	depre	eciation	0.00	
1a	Land				5,539.		0.600		<u>5,539.</u>
b	Buildings				7,014.		L8,603.		8,411.
С	Leasehold improvements				5,880.		34,716.		<u>1,164.</u>
d	Equipment			2,22	9,259.		59,382.	35	9,877.
	0.1	i			- LI/I				,,

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)

	COMMUNICATION	NS	16-1511190 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) SECURITY DEPOSITS			2,400
(2) OPERATING LEASE RIGHT-OF-	USE ASSET		2,693,857
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	15)		2,696,257
Part X Other Liabilities.	e 15.)		2,050,257
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. lii	ne 25.
1. (a) Description of liability	, , ,	===, : ====,	(b) Book value
(1) Federal income taxes			.,
(2) OPERATING LEASE LIABILIIT	ES		2,755,334
(3)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

2,755,334.

(7) (8)

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,731,592.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	•			2e	0.
3	Subtract line 2e from line 1			3	1,731,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-4,024.		
С				4c	-4,024. 1,727,568.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line rt XII Reconciliation of Expenses per Audited Financial S	12.)		5	1,727,568.
Ра			xpenses per i	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	1,756,208.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	4,024.		
е	Add lines 2a through 2d			2e	4,024. 1,752,184.
3	Subtract line 2e from line 1			3	1,752,184.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	THIS HASE CAGAIT SITE COS. T ARE IS INTO	e 18.)		5	1,752,184.
	rt XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an			l; Part X	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional informa	tion.		
	DE 117 1 7 1 1 1 1 0 0 1 1 1 1 1 1 1 1 1 1				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
D 17/	OLYCO BADDAGEO ON DENMAL DOODEDMA				
KE(CLASS EXPENSES ON RENTAL PROPERTY				
וגם	DE VII IINE OD OMIED ADTHOMENMO.				
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
ם דו	OLYCO EXPENSES ON DENMY: DDODEDMY				
KE(CLASS EXPENSES ON RENTAL PROPERTY				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number

	HOLY FAMILY	COMMUN	ICATIONS		16-1	511190	
Par	rt I Types of Property				•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of det noncash contribut		ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles	X	1	10,204.			
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	1	43,950.			
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organ	ization durinç	g the tax year for co	ontributions			
	for which the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29			
					ſ	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ich isn't required to be used fo	or		
	exempt purposes for the entire holding period	l?				30a	<u> </u>
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribution	ons?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
						32a	<u> </u>
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in	column (c) fo	r a type of property	for which column (a) is check	æd,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule M	(Form 990	2022

232141 09-09-22

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

HOLY FAMILY COMMUNICATIONS

Employer identification number 16-1511190

LIVE STREAMING OF THE BALTIMORE MEN'S MARCH - ON NOVEMBER 14TH,

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

232211 10-28-22

2022

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization
HOLY FAMILY COMMUNICATIONS

THE STATION OF THE CROSS LIVESTREAMED WALL TO WALL VIDEO COVERAGE OF

THE BALTIMORE MEN'S MARCH ACROSS ITS ENTIRE RADIO NETWORK ON YOUTUBE

AND FACEBOOK.

- 7. THE CATHOLIC CURRENT MILESTONE: THE CATHOLIC CURRENT SHOW SURPASSED
- 1 MILLION TOTAL DOWNLOADS FOR CATHOLIC CURRENT PODCASTS.
- 8. NEW STATIONS

WACE 730AM SPRINGFIELD, MA IN NOVEMBER OF 2022, THE STATION OF THE

CROSS BEGAN MANAGEMENT WACE SPRINGFIELD, MASSACHUSETTS WHICH BROADCASTS

ON THE 730AM FREQUENCY. THE STATION HAS A POTENTIAL REACH OF

2,213,254 PEOPLE.

WNEB 1230AM WORCESTER, MA - IN JANUARY OF 2022, THE STATION OF THE

CROSS BEGAN MANAGEMENT OF WNEB WORCESTER, MASSACHUSETTS WHICH

BROADCASTS ON THE 1230AM FREQUENCY. THE STATION HAS A POTENTIAL REACH

OF 674,640 PEOPLE.

WESO 970 AM SOUTHBRIDGE, MA - IN JANUARY OF 2022, THE STATION OF THE

CROSS BEGAN MANAGEMENT OF WESO SOUTHBRIDGE, MASSACHUSETTS WHICH

BROADCASTS ON THE 970AM FREQUENCY. THE STATION HAS A POTENTIAL REACH

OF 657,092 PEOPLE.

- 9. NEW EQUIPMENT AND SOFTWARE
- THE WIDE ORBIT AUTOMATION SYSTEM WAS UPGRADED TO VERSION 5.0.
- REMOTE GLASS-E SOFTWARE WAS PURCHASED FOR REMOTE OPERATION OF STUDIO-B.
- A NEW SONIC WALL BACKUP VPN FIREWALL WAS INSTALLED

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization 16-1511190 HOLY FAMILY COMMUNICATIONS INTERNET FAILOVER WAS PROGRAMMED IN CASE OUR MAIN INTERNET FAILS. PEPLINK BACKUP CELLULAR INTERNET ROUTERS WERE PURCHASED AT THESE SITES: WHIC 1460 AM ROCHESTER, NY, W263CZ 100.5 FM OLEAN, NY, WGGO 1590 AM SALAMANCA, NY WACE 730 AM SPRINGFIELD, MA, WNEB 1230 AM WORCESTER, MA, WESO 970 AM SOUTHBRIDGE, MA TELOS VXPRIME+ PHONE SYSTEM WAS PURCHASED AND XSCREEN WAS INSTALLED AT THE STUDIOS TO MODERNIZE OUR CALL-SCREENING FOR OUR LIVE SHOWS. (MARCH) FORM 990, PART VI, SECTION A, LINE 2: JAMES N WRIGHT, PRESIDENT, IS MARRIED TO JOANNE WRIGHT, VICE PRESIDENT. JAMES N WRIGHT'S SISTER-IN-LAW IS MARY ELLEN CAPECE, SECRETARY. JOANNE WRIGHT AND MARY ELLEN CAPECE ARE SISTERS. FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION'S BOARD MEMBERS CONDUCT MEETINGS AND MAKE DECISIONS RELATED TO THE ORGANIZATION. THERE ARE NO COMMITTEES OUTSIDE OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: ALL BOARD MEMBERS ARE PROVIDED A COPY OF FORM 990 FOR THEIR REVIEW PRIOR TO THE FILING OF THE RETURN.

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

EACH DIRECTOR, PRIOR TO ELECTION AND ANNUALLY THEREAFTER, SUBMITS A WRITTEN

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** HOLY FAMILY COMMUNICATIONS 16-1511190 STATEMENT TO THE SECRETARY OR OTHER AUTHORIZED OFFICER OF THE ORGANIZATION STATING WHETHER OR NOT ANY TRANSACTIONS EXIST THAT WOULD BE A CONFLICT OF INTEREST. SUCH OFFICER SHALL PROVIDE A COPY OF ALL COMPLETED STATEMENTS TO THE CHAIR OF THE COMMITTEE THAT OVERSEES THE CONFLICT OF INTEREST POLICY OR, IF THERE IS NO SUCH COMMITTEE, TO THE CHAIR OF THE BOARD. THE BOARD REVIEWS ACTUAL OR POTENTIAL CONFLICTS OF INTEREST AND TAKES ACTION IF NECESSARY. FORM 990, PART VI, SECTION C, LINE 19: ORGANIZATION'S GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND ANNUAL TAX RETURNS ARE AVAILABLE UPON REQUEST. THE TAX RETURNS ARE ALSO ON THEIR WEBSITE. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PROGRAMMING EXPENSES: 39,548. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES TOTAL EXPENSES 39,548. MEMBERSHIP DRIVE: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 36,592. 36,592. TOTAL EXPENSES NEWSLETTER: PROGRAM SERVICE EXPENSES 28,030. Schedule O (Form 990) 2022 Schedule O (Form 990) 2022 Page 2

Schedule O (Form 990) 2022	Page 2
Name of the organization HOLY FAMILY COMMUNICATIONS	Employer identification number 16-1511190
MANAGEMENT AND GENERAL EXPENSES	3,298.
FUNDRAISING EXPENSES	1,649.
TOTAL EXPENSES	32,977.
PROMOTION:	
PROGRAM SERVICE EXPENSES	16,473.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	13,478.
TOTAL EXPENSES	29,951.
ENGINEERING EXPENSE:	
PROGRAM SERVICE EXPENSES	28,948.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	28,948.
POSTAGE:	
PROGRAM SERVICE EXPENSES	6,660.
MANAGEMENT AND GENERAL EXPENSES	6,660.
FUNDRAISING EXPENSES	13,320.
TOTAL EXPENSES	26,640.
DONATION PROCESSING:	
PROGRAM SERVICE EXPENSES	19,101.
MANAGEMENT AND GENERAL EXPENSES	1,124.
FUNDRAISING EXPENSES	2,247.
TOTAL EXPENSES	22,472.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization HOLY FAMILY COMMUNICATIONS	Employer identification number 16-1511190
STATION CONSULTING:	
PROGRAM SERVICE EXPENSES	14,178.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,178.
CONTRIBUTIONS:	
PROGRAM SERVICE EXPENSES	11,900.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,900.
LICENSES AND PERMITS:	
PROGRAM SERVICE EXPENSES	5,436.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,436.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	2,914.
MANAGEMENT AND GENERAL EXPENSES	2,119.
FUNDRAISING EXPENSES	267.
TOTAL EXPENSES	5,300.
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,064.
FUNDRAISING EXPENSES 232212 10-28-22	0 . Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization HOLY FAMILY COMMUNICATIONS	Employer identification number 16-1511190
TOTAL EXPENSES	3,064.
PAYROLL SERVICE:	
PROGRAM SERVICE EXPENSES	2,285.
MANAGEMENT AND GENERAL EXPENSES	134.
FUNDRAISING EXPENSES	269.
TOTAL EXPENSES	2,688.
STUDIO SUPPLIES:	
PROGRAM SERVICE EXPENSES	2,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,625.
LOCAL MINISTRY:	
PROGRAM SERVICE EXPENSES	400.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	400.
DUES AND SUBSCRIPTIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	30.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30.
PRINTING:	
PROGRAM SERVICE EXPENSES 232212 10-28-22	5 • Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization HOLY FAMILY COMMUNICATIONS	Employer identification number 16-1511190
MANAGEMENT AND GENERAL EXPENSES	3.
FUNDRAISING EXPENSES	3.
TOTAL EXPENSES	11.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	262,760.
FORM 990. PART XII, LINE 2:	
PART XII, LINE 2 OF FORM 990 WAS AMENDED TO PROPERLY STATE	THE
ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED BY INDEPE	NDENT
ACCOUNTANT FOR FISCAL 2023.	
FORM 990. PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	_
FORM 990, PART VII, SECTION A:	
THE CEO'S COMPENSATION IS DETERMINED BY THE BOARD OF DIREC	TORS. THEY
MAY TAKE INTO CONSIDERATION THE FOLLOWING:	
1. THE INDIVIDUAL'S EXPERIENCE, EDUCATION, SKILLS, AND FOR	MAL CATHOLIC
FORMATION AND EDUCATION.	
2. THE DUTIES AND RESPONSIBILITIES OF THE POSITION.	
3. THE INDIVIDUAL'S COMPENSATION HISTORY, AS WELL AS COMPE	NSATION-PAID
CEOS WITH SIMILAR RESPONSIBILITIES.	
THE CURRENT CEO, AT HIS REQUEST AND WITH THE APPROVAL OF T	HE BOARD OF
DIRECTORS, IS NOT COMPENSATED.	