Buffalo Urban Development Corporation

95 Perry Street Suite 404 Buffalo, New York 14203 phone: 716-856-6525 fax: 716-856-6754 web: *buffalourbandevelopment.com*



Audit & Finance Committee Meeting Thursday, May 11, 2023 – 12:00 p.m. 95 Perry Street 4th Floor Vista Room

<u>Agenda</u>

- 1. Minutes of March 9, 2023 Meeting (Approval) (Enclosure)
- 2. Draft 2022 BUDC 990/990-T (Information) (Enclosure)
- 3. 683 Northland Tax Credit Discussion (Information)
- 4. Northland Central Phase I Construction Additional HVAC Work Claim Update (Information)
- 5. General Funding Source Updates (Information)
- 6. Adjournment (Approval)

Minutes of the Meeting of the Audit & Finance Committee of Buffalo Urban Development Corporation

95 Perry Street Buffalo, New York March 9, 2023 12:00 p.m.

Call to Order:

Committee Members Present:

Committee Members Absent:

Dennis M. Penman (Committee Chair)

Catherine Amdur Trina Burruss Janique S. Curry David J. Nasca

Officers Present:

Brandye Merriweather, President Rebecca Gandour, Executive Vice President Mollie M. Profic, Treasurer Kevin J. Zanner, Secretary Atiqa Abidi, Assistant Treasurer

<u>Others Present</u>: Barbara A. Danner, CPA, Freed Maxick; Alexis M. Florczak, Hurwitz Fine P.C.; Soma Hawramee, ECIDA Compliance Officer; and Caroline M. Walter, CPA, Freed Maxick.

<u>Roll Call</u> – The meeting was called to order at 12:03 p.m. by Mr. Nasca, who chaired the meeting. A quorum of the Committee was not present. Agenda items 9, 11, 12, 13 and 14 were presented first for informational purposes only. Ms. Burruss joined the meeting during the presentation of agenda item 13, at which time a quorum of the Committee was present. Ms. Amdur joined the meeting during the presentation of agenda item 1.

- **1.0** <u>Approval of Minutes of the November 10, 2022 and January 12, 2023 Meetings</u> The minutes of the November 10, 2022 and January 12, 2023 meetings of the Audit & Finance Committee were presented. Ms. Curry made a motion to approve the meeting minutes. The motion was seconded by Ms. Amdur and unanimously carried (4-0-0).
- **2.0** Draft 2022 683 Northland Master Tenant, LLC Audited Financial Statements This information item was presented during item 4.0 of the meeting agenda.
- **3.0** Draft 2022 683 Northland LLC Audited Financial Statements This information item was presented during item 4.0 of the meeting agenda.
- **4.0** Draft 2022 BUDC Audited Financial Statements Ms. Danner and Ms. Walter presented the draft 2022 audited financial statements for 683 Northland Master Tenant, LLC, 683 Northland LLC and BUDC. Ms. Danner began the presentation with a review of the draft Report to the Board of Directors and the management letter. She noted that no material weaknesses or control

deficiencies were found during the audit. With the exception of the adjustment of two journal entries for recording depreciation, disposal of equipment and donation proceeds for 683 Northland LLC, there were no audit adjustments. There were no uncorrected misstatements. Ms. Danner stated that Freed Maxick is issuing unmodified (clean) opinions for each of 683 Northland Master Tenant, LLC, 683 Northland LLC and BUDC. Ms. Walter then presented an overview of the financial statements for 683 Northland LLC, and 2022 683 Northland Master Tenant, LLC which were presented to the Committee for information purposes only. The BUDC draft audited financial statements were then reviewed in detail with the Committee. The auditors also presented a report to the Committee regarding projections with respect to exiting the Northland historic and new markets tax credits structures. The Committee discussed the draft financial statements and the tax credits presentation. At the conclusion of the discussion, Ms. Burruss made a motion to recommend that the Board of Directors accept the 2022 BUDC draft audited financial statements. The motion was seconded by Ms. Curry and unanimously carried (4-0-0).

- **5.0** <u>Draft 2022 BBRF Audited Financial Statements</u> Ms. Profic reviewed the draft 2022 financial statements for the Buffalo Brownfield Redevelopment Fund (BBRF). The BBRF financial statements are presented to the Committee for information purposes only, as ECIDA is the custodian for the BBRF.
- **6.0 2022 BBRF Reimbursement Request** Ms. Profic presented her March 9, 2023 memorandum regarding reimbursement of expenses from the Buffalo Brownfield Redevelopment Fund. Third party expenses for Buffalo Lakeside Commerce Park, RiverBend, the Northland Beltline and 308 Crowley are eligible for reimbursement from the BBRF. The total amount of third-party expenses being requested for reimbursement is \$131,533. Ms. Amdur made a motion to recommend that the Board of Directors approve the reimbursement of \$131,533 in third party costs as set forth in the written expense summary. The motion was seconded by Ms. Burruss and unanimously carried (3-0-0).
- **7.0** <u>Investment & Deposit Policy</u> Ms. Profic presented the BUDC Investment and Deposit Policy. No changes to the policy were proposed. Mr. Nasca made a motion to recommend that the Board of Directors approve the Investment and Deposit Policy as presented. The motion was seconded by Ms. Burruss and unanimously carried (3-0-0).
- **8.0** <u>**2022 BUDC Investment Report**</u> Ms. Profic presented the 2022 Investment Report. Mr. Nasca made a motion to recommend that the Board of Directors approve the Investment Report in the form presented to the Committee. The motion was seconded by Ms. Burruss and unanimously carried (3-0-0).
- **9.0** <u>**2022** Management's Assessment of Internal Controls</u> Ms. Profic reviewed with the Committee a two-page memorandum setting forth BUDC's assessment of its management of the effectiveness of BUDC's internal controls for 2022, including the controls in place with respect to payroll, cash disbursements, cash receipts and security of computer information and software.
- **10.0** <u>**2022** Audit & Finance Committee Self-Evaluation Update & Review</u> Ms. Profic presented the 2022 Audit & Finance Committee self-evaluation. The Committee reviewed the self-evaluation and the 2022 activities of the Committee. No changes to the Committee self-evaluation were suggested. Mr. Nasca made a motion to accept the 2022 Audit & Finance Committee Self-Evaluation. The motion was seconded by Ms. Amdur and unanimously carried (3-0-0).</u>
- **11.0** <u>Audit & Finance Committee Charter Review</u> Ms. Profic presented the Audit & Finance Committee Charter for review by the Committee. No changes to the charter were proposed.
- **12.0** <u>Audit & Finance Committee Training</u> Ms. Profic referred the Committee to a January 2023 Deloitte publication included in the meeting agenda packet entitled "On the Audit Committee's Agenda—2023: The Year of the Risk-Centric Agenda".

- **13.0** <u>**2022 Property Report Review</u> Ms. Gandour presented the BUDC property report for the year ending December 31, 2022. The report reflects the Zephyr and 308 Crowley land sales that closed in 2022. The property report will be submitted to the Authorities Budget Office as part of the BUDC annual report.</u>**
- **14.0** <u>General Funding Source Updates</u> Ms. Gandour reported that on March 20th, the Real Estate Committee will consider a recommendation for architectural, engineering and inspection services, the first contract to be awarded under the Build Back Better grant award for Northland. BUDC and ESD are discussing the \$55 million allocation in the New York State budget for the Northland Corridor. Ms. Merriweather added that BUDC continues to work with the City of Buffalo regarding American Rescue Plan funding. The BUDC Loan Committee met on March 8th and voted to wind down the loan fund. BUDC will work with the participating lenders to terminate the underlying loan program agreements and discuss with ESD re-purposing BUDC's portion of the loan fund.
- **15.0** <u>Adjournment</u> There being no further business to come before the Committee, on motion made by Ms. Burruss, seconded by Ms. Amdur and unanimously carried, the March 9, 2023 meeting of the Audit & Finance Committee was adjourned at 1:12 p.m.

Respectfully submitted,

Kevin J. Zanner Secretary Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

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FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020 (585) 344-1967

MAY 4, 2023

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

DEAR BOARD OF DIRECTORS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURNS AND 2023 ESTIMATED TAX WORKSHEETS, AS FOLLOWS...

2022 FORM 990

2022 FORM 990-T

2023 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2022 NEW YORK FORM CT-13

2023 NEW YORK ESTIMATED TAX INSTALLMENTS - FORM CT-13

2022 NEW YORK FORM CHAR500

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

FREED MAXICK CPAS, P.C.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

AMOUNT DUE OR REFUND:

OVERPAYMENT OF \$6,457. THE ENTIRE OVERPAYMENT HAS BEEN APPLIED TO THE ESTIMATED TAX PAYMENTS.

MAKE CHECK PAYABLE TO:

NO AMOUNT IS DUE.

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS

2023 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

AMOUNT OF TAX:

TOTAL ESTIMATED TAX\$LESS CREDIT FROM PRIOR YEAR\$LESS AMT ALREADY PAID ON 2023 ESTIMATE\$BALANCE DUE\$

96,000
6,457
0
89,543

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT		DUE DATE
NO 1	\$	17,543	APRIL 18, 2023
NO 2	\$	24,000	JUNE 15, 2023
NO 3	\$	24,000	SEPTEMBER 15, 2023
NO 4	\$	24,000	DECEMBER 15, 2023

MAKE CHECK PAYABLE TO:

PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).

MAIL VOUCHER AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

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Name and	d title of officer or p				MERRIWEA					
				SIDEN	т					
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202521 12	-16-22									

Form 990

Return of Organization Exempt From Income Tax

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

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OMB No. 1545-0047 .८

Open to Public

Inspection

Department of the Treasury Internal Revenue Service For the 0000 colors downed

АГ	or the	a 2022 Calendar year, or tax year beginning an	a enaing		
B C a	heck if	C Name of organization		D Employer identifie	cation number
	Addre	BUFFALO URBAN DEVELOPMENT CORPORATION			
	Name Chang	e Doing business as		**-***42	26
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
			404	716-856-	
	termin	City or town, state or province, country, and ZIP or foreign postal code	-	G Gross receipts \$	11,059,195.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: DRANDIE MERLINGALL	IER	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: 🚺 501(c)(3) 🔲 501(c) () (insert no.) 🗌 4947(a)(1) or 52		list. See instructions
	Vebsit			H(c) Group exemptio	
ΚF	orm of	organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	r of formation: 1978	I State of legal domicile: NY
	nrt I	Summary			
	1	Briefly describe the organization's mission or most significant activities: ${f SUPI}$	PORT TH	HE URBAN ECON	NOMIC
Activities & Governance		DEVELOPMENT EFFORTS OF THE REGION THROUG			
rnai	2	Check this box if the organization discontinued its operations or disp	osed of more	e than 25% of its net ass	ets.
INC	3	Number of voting members of the governing body (Part VI, line 1a)		3	16
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16
8 8		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			3
/itie		Total number of volunteers (estimate if necessary)			18
ctiv				7a	521,873.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	451,062.
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		4,510,760.	8,056,896.
nue	9	Program service revenue (Part VIII, line 2g)		152,928.	132,847.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		402,386.	99,788.
Ē	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		184,089.	151,560.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,250,163.	8,441,091.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,626,773.	3,044,295.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		482,778.	384,459.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xpe	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,453,221.	6,709,879.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	·····	6,562,772.	10,138,633.
	19	Revenue less expenses. Subtract line 18 from line 12		-1,312,609.	-1,697,542.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		98,495,982.	135,361,384.
st A: Id B	21	Total liabilities (Part X, line 26)		15,878,861.	54,441,805.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		82,617,121.	80,919,579.
	nrt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedul			knowledge and belief, it is
true.	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of y	which prepare	r has any knowledge.	

Sign	Signature of officer								
Here	BRANDYE MERRIWEATHER, PRE	SIDENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN				
Paid	NICOLE M. WHITE	NICOLE M. WHITE	05/04/	/23 self-employed	₽01599383				
Preparer	Firm's name FREED MAXICK CPAS	, P.C.		Firm's EIN **-	***1133				
Use Only	Firm's address ONE EVANS STREET								
	BATAVIA, NY 14020	Phone no. 585 - 344 - 1967							
May the IF	Aay the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2022)

Part III Statement of Program Service Accomplishments Decker Schedule Coordina argenome condots any line in this Part III Implementations SUPPORT THE URBAN ECONONIC DEVELOPMENT EFFORTS OF THE REGION THROUGH THE ACQUISITION, REMEDIATION AND MANAGEMENT OF DISTRESSED PROPERTIES Did the organization undertake any significant program services during the year which ware not listed on the proform 800 e 600452? □ Ves [X] No 1 'Ves, 'Games these new services on Schedule 0. □ Ves [X] No □ Ves [X] No 1 'Ves, 'Games these new services on Schedule 0. □ Ves [X] No □ Ves [X] No 1 'Ves, 'Games these new services on Schedule 0. □ Ves [X] No □ Ves [X] No 1 'Ves, 'Games these and program service accomplishments for seal of its three inspects and analyzing service accomplishments for seal of its three inspects and analyzing service accomplishments for seal of its three inspects and analyzing service accomplishments for seal of its three inspects and analyzing service accomplishments for seal of its three inspects on Schedule 0. 40 force::::::::::::::::::::::::::::::::::::	Form	990 (2022) BUFFALO URBAN DEVELOPMENT CORPORATION **-**4226 Page 2
Bitely describe the cognitation's mission: SUPPORT THE URBAN ECONOMIC DEVELOPMENT EFFORTS OF THE REGION THROUGH THE ACQUISITION, REMEDIATION AND MANAGEMENT OF DISTRESSED PROPERTIES 2 Did the cognitation undertake any significant program services during the year which were not listed on the profram 880 or 880-27 Uves [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 1 "Ves: [X] No [Ves: [X] No [Ves: [X] No 2 Delta No cognitation consorted accompliable store to post the amount of grants and allocations to other, the total spores, and [Ves: [X] No 2 Sci 10 (Si 10 (Si 10 (Si 10 (Si 10 (Si 10 (Si	Par	
SUPPORT THE URBAN ECONOMIC DEVELOPMENT EFFORTS OF THE REGION THROUGH THE ACQUISITION, REMEDIATION AND MANAGEMENT OF DISTRESSED PROPERTIES 2 Dot the organization undertake any significant program services during the year which were not listed on the prior form 380 or 390 E27 □ Yes [X] No 3 Dot the organization undertake any significant program services during the year which were not listed on the prior form 380 or 390 E27 □ Yes [X] No 4 Year (Sacche these charges on Schedule 0. 1 Year (Sacche these charges on Schedule 0. □ Yes [X] No 4 1 Year (Sacche these charges on Schedule 0. 1 Year (Sacche these charges on Schedule 0. 1 Year (Sacche these charges on Schedule 0. 4 1 Year (Sacche these charges on Schedule 0. 1 Year (Sacche these charges on Schedule 0. 1 Year (Sacche these charges on Schedule 0. 5 0 toor (Jearsel 29, 971, 0105. network 11 amount of grants and alcochors to the charges the couplishments of the couplishment of the Schedule 0. 1 Year (Sacche these charges the couplishment OF DISTRESSED PROPERTIES, AND TO ENGAGE IN REMEDIATION AND MANAGEMENT OF DISTRESSED PROPERTIES, AND TO ENGAGE IN RELATED REAL ESTATE DEVELOPMENT AFTOR DUE CALSO THE UNCOGE OF ATTRACTING AND /OR RETAINING NEW AND EXISTING BUS HISESES TO THE CITY AS PART OF THE REGION. THE MISSION OF DUEDALSO UNCLUBES SUPPORTING THE REVITY POR BUFFALO BUILDING REUSE PROJECT S AND PUBLIC RIGHT-OF-WAY IMPROVEMENTS. 40 (cone)(treases 1) (treases 1) (treases 1) (treases 1) (treases 1		
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2 Did the organization undertake any significant program services during the year which were not listed on the prior form 880 or 680£27 □ Ves [X] No 1 Yes, "Cancel be these areas so Schedule 0. 0 □ Ves [X] No 3 Did the organization costs conducting, or make significant tranges in how it conducts, any program services, an measured by expenses. Section 501(5)(3) and 501(4) organizations are conduct a compliahments for each of the time largest program services, an ansaured by expenses. Section 501(6)(3) and 501(4) organizations are coupled to report the amount of granism as are orders, the total program service sported. 4 (frace: 9, 16/2) and 501(4) organizations are coupled to report the amount of granism and allocations to others, the total program service sported. 4 (frace: 9, 16/2) and 501(4) organizations are coupled to report the monut of granism and allocations to others, the total program service sported. 4 (frace: 9, 16/2) and 501(4) organizations are coupled to report the monut of granism and allocations to others, the total program service sported. 4 (frace: 9, 16/2) and 501(4) organization are coupled to report the monut of granism and allocations to others, the total program service sported. 5 (frace: 9, 671, 085. 0, 044, 295.) (fracesset 9, 73, 225. 7 THE MISSION OF BUEFALO URBAN DEVELOPMENT CFDOEDENT FOR FORTER SEC FOR THE URBAN DEVELOPMENT ACCHINE SEC FOR THE URBAN THE MISSION OF BUEFALO BUE		
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pror Fom 990 or 990 cf 20		Did the exception undertake only eignificant pregram convices during the year which were not listed on the
if "Yes," describe these new services on Schedule 0. 3 Dd the organization cases conducting, or make significant changes in how it conducts, any program services;	2	
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4 Describe the organization's frogram service accompletiments 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 reverses, at may, for each program service required to report the smouth of grants and allocations to others, the total expenses, and reverses, at may, for each program service required to report the smouth of grants and allocations to others, the total expenses, and reverses, at may, for each program service as 9, 671, 085. Including grants of	3	
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4e Total program service expenses 9,671,085. Form 990 (2022)	4d	Other program services (Describe on Schedule O.)
Form 990 (2022)		
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Form 990 (DEVELOPMENT	CORPORATION
Part IV	Checklist of R	equired Sche	edules		

			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			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>			
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	o		- 21
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	3		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18		- 23
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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		<u> </u>
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		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
0L	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
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	- 55		<u> </u>
54		34	х	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>35a</u>		
b		35b		
26	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350		<u> </u>
36		26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u></u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
1 01				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 12			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u> 1c</u>	X	
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Form	990 (2022) BUFFALO URBAN DEVELOPMENT CORPORATION **-**4	226	Pa	age 5
			Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	NO
20	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	20 3a	X	
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3b	x	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Form	990	(2022)

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Form 990	(2022)
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BUFFALO URBAN DEVELOPMENT CORPORATION

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X

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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization have members or stockholders?			х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				
7a			7-	x	
	more members of the governing body?		<u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		<mark>8</mark> b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched 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 Re	venue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	, 201010 1111.g the 10111			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				x
					- 23
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "}	,		х	
	on Schedule O how this was done				
13	Did the organization have a written whistleblower policy?			X	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15 a		X
b	Other officers or key employees of the organization		15b		X
	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 arrangen	nent with a			
	taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure			1	
17	List the states with which a copy of this Form 990 is required to be filed NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990.T (section 501/	c)(3)e only)	availal	hle
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330-1 (SECTION 301((Signa of the second	avalidi	210
40		n on Schedule O)		- 1 - 1	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict of interest policy	, and finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records			
	MOLLIE PROFIC - (716)856-6525				
	95 PERRY STREET SUITE 404, BUFFALO, NY 14203			1 990	

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.

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

Name and title Average hours per veck (st ary hours for below Description below Description below Description for the and states without and states without for the and states with and states with and states for the and states w	(A)	(B)	(C)		(D)	(F)					
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	(17) TRINA BURRUSS	1.00									_
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232007 12-13-22

	JRBAN DE	VE	LO	PM	EN	т	CC	DRPORATION	**-***4	226 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	anc	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	Position Resition				n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) THOMAS HALLIGAN DIRECTOR	1.00	x						0.	0.	0.
(19) ELIZABETH HOLDEN	1.00	^						0.	0.	0.
DIRECTOR	0.30	х						0.	0.	0.
(20) DANIEL CASTLE DIRECTOR	1.00	x						0.	0.	0.
(21) NATHAN MARTON	1.00									
DIRECTOR (22) KAREN UTZ	1 00	Х						0.	0.	0.
DIRECTOR	1.00 0.30	x						0.	0.	0.
1b Subtotal						-		224,395.	0.	52,568.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0. 52,568.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n) wh	o re			52,500.
compensation from the organization										2 Yes No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	,	,			,	,	Ŭ	hest compensated emp	5	3 X
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corr 2 action P. Index and ext 2 actions to the organization	-				-			-		5 X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from
the organization. Report compensation for	the calendar ye	ear e	endin	ig w	ith c	or wi	thin I		ear.	(0)
(A) Name and business	address							(B) Description of s	ervices C	(C) compensation
HURWITZ & FINE, P.C. <u>1300 MAIN STREET, BUFFALC</u>), NY 14	20	2					ATTORNEY SER	VICES	228,778.
2 Total number of independent contractors (in	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than	
\$100,000 of compensation from the organiz	zation				1	L				Form 990 (2022)

232008 12-13-22

Other Revenue Other Revenue Contributions, curs, cur	Statement of Revenue Check if Schedule O contains a respons Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Sovernment grants (contributions) 1e Id other contributions, gifts, grants, and 1f Imilar amounts not included above 1f Isoncash contributions included in lines 1a-1f 1g \$ Fotal. Add lines 1a-1f FEES IROWNFIELD REDEVELOPMENT Interest & COMMITMENT FEES Isolater program service revenue Interest action of the service revenue	e or note to any lin 7,000. 8,049,896. Business Code 525990 522292	e in this Part VIII (A) Total revenue 8 , 056 , 896 . 96 , 664 .	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Other Revenue Other Revenue Contributions, curs, cur	Federated campaigns 1a Membership dues 1b Sundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and 1f imilar amounts not included above 1f icocash contributions included in lines 1a-1f 1g \$ COAN INTEREST & COMMITMENT FEES IROWNFIELD REDEVELOPMENT NII other program service revenue	7,000. 8,049,896. Business Code 525990	(A) Total revenue 8 , 056 , 896 .	Related or exempt	Unrelated	Revenue excluded from tax under
Other Revenue Other Revenue Contributions, curs, cur	Federated campaigns 1a Membership dues 1b Sundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and 1f imilar amounts not included above 1f icocash contributions included in lines 1a-1f 1g \$ COAN INTEREST & COMMITMENT FEES IROWNFIELD REDEVELOPMENT NII other program service revenue	7,000. 8,049,896. Business Code 525990	(A) Total revenue 8 , 056 , 896 .	Related or exempt	Unrelated	Revenue excluded from tax under
Other Revenue Other Revenue Contributions, curs, cur	Membership dues 1b Fundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and imilar amounts not included above 1f Ioncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$ IOAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NII other program service revenue	8,049,896. Business Code 525990	8,056,896.		Unrelated	from tax under
Other Revenue Other Revenue Contributions, curs, cur	Membership dues 1b Fundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and imilar amounts not included above 1f Ioncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$ IOAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NII other program service revenue	8,049,896. Business Code 525990		function revenue	business revenue	
Other Revenue Other Revenue Contributions, curs, cur	Membership dues 1b Fundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and imilar amounts not included above 1f Ioncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$ IOAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NII other program service revenue	8,049,896. Business Code 525990				Sections 512 - 514
Other Revenue Other Revenue Controlutions, duration of the similar Amoun Revenue and Other Similar Amoun Am	Membership dues 1b Fundraising events 1c Related organizations 1d Bovernment grants (contributions) 1e Ill other contributions, gifts, grants, and imilar amounts not included above 1f Ioncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f 1g \$ IOAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NII other program service revenue	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Index Index Related organizations Index Related organizations Index Government grants (contributions) Image: I	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Related organizations 1d Government grants (contributions) 1e Ill other contributions, gifts, grants, and 1f imilar amounts not included above 1f ioncash contributions included in lines 1a-1f 1g \$ iotal. Add lines 1a-1f	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Related organizations 1d Bovernment grants (contributions) 1e Id other contributions, gifts, grants, and imilar amounts not included above 1f Id other contributions included in lines 1a-1f 1g \$ Fotal. Add lines 1a-1f Id g \$ Id other program service revenue If	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Government grants (contributions) 1e Il other contributions, gifts, grants, and 1f imilar amounts not included above 1f koncash contributions included in lines 1a-1f 1g \$ Total. Add lines 1a-1f KOAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NI other program service revenue	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Ill other contributions, gifts, grants, and imilar amounts not included above If Ioncash contributions included in lines 1a-1f Ig Total. Add lines 1a-1f IOAN INTEREST & COMMITMENT FEES IROWNFIELD REDEVELOPMENT NII other program service revenue	8,049,896. Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	imilar amounts not included above If ioncash contributions included in lines 1a-1f Ig iotal. Add lines 1a-1f iotal. REDEVELOPMENT iother program service revenue	Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Incash contributions included in lines 1a-1f Total. Add lines 1a-1f OAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NII other program service revenue	Business Code 525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	Total. Add lines 1a-1f .OAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT NI other program service revenue	525990				
Other Revenue 2 a Ling b c A T 9 a f g in or 4 a f g in or 5 a b c d a c d	OAN INTEREST & COMMITMENT FEES ROWNFIELD REDEVELOPMENT	525990				
Other Revenue Definition Def	ROWNFIELD REDEVELOPMENT	525990	96 664			
Other Revenue Definition Def	ROWNFIELD REDEVELOPMENT		96 664			
g T g T 3 Ir 3 Ir 4 Ir 5 R 6 a 6 a b L c R d N 7 a b L a a b L c R d N a a b L c N g a d N a B b L c N g a d N d N d N d N d N d N d N d N d N d N d N d N <t< td=""><td>All other program service revenue</td><td>522292</td><td>50,001.</td><td>96,664.</td><td></td><td></td></t<>	All other program service revenue	522292	50,001.	96,664.		
g T g T 3 Ir 3 Ir 4 Ir 5 R 6 a 6 a b L c R d N 7 a b L a a b L c R d N a a b L c N g a d N a B b L c N g a d N d N d N d N d N d N d N d N d N d N d N d N <t< td=""><td></td><td></td><td>36,183.</td><td>36,183.</td><td></td><td></td></t<>			36,183.	36,183.		
g T g T 3 Ir 3 Ir 4 Ir 5 R 6 a 6 a b L c R d N 7 a b L a a b L c R d N a a b L c N g a d N a B b L c N g a d N d N d N d N d N d N d N d N d N d N d N d N <t< td=""><td></td><td></td><td>,</td><td>,</td><td></td><td></td></t<>			,	,		
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3 Ir 3 Ir 6 Ir 5 R 6 a 6 a 6 a b L 7 a 0 b 7 a b L a a b L a a b L b L b L b L b L b L b L b L b L b L b L b L b L b L c B c B c B c B c B c B c B c B c B <t< td=""><td>otal. Add lines 2a-2f</td><td></td><td></td><td></td><td></td><td></td></t<>	otal. Add lines 2a-2f					
Other Kevenue 4 In 5 R 6 a G b L 7 a G 7 a G 0 N 7 a G 0 N 6 D 7 a G 0 N 0 N 0 N 0 N 0 N 0 N 0 N 0 N			132,847.			
4 In 5 R 6 a G b L c R 7 a G 7 a G b L 7 a G 0 N 6 D 1 N 6 D 1 N 7 a G 0 N 6 D 1 N 7 a G 0 N 1 N 1 N 1 N 1 N 1 N 1 N 1 N 1	nvestment income (including dividends, inte	rest, and				
5 R 6 a G b L c R d N 7 a G b L a b L a b L c G b L c R c R c R c R c R c R c R c R	ther similar amounts)		540,392.	K	521,873.	18,519
5 R 6 a G b L c R d N 7 a G b L a b L a b L c G b L c R c R c R c R c R c R c R c R	ncome from investment of tax-exempt bond	proceeds				
Offree Revenue C R C R C R C R C R C R C R C R	Royalties	-				
Define terms of the terms of te	(i) Real	(ii) Personal				
Define terms of the terms of te						
C R d N 7 a G 7 a G b L a 0 b 0 B 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C						
Other Revenue 7 a G 5 b L 6 b 7 a 7 a 6 b 7 a 7 a 7 a 8 a 7 a 9 a 9 a 9 a 9 a 9 a 1 b 1 c 1 c 2 c 1 c 2 c 1 c 2 c 2 c 3 c 4 c 1 c 2 c 2 c 3 c 4 c 1 c 2 c 2 c 3 c 4 c 1 c 2 c 3 c 4 c 4 c 4 c 4 c 4 c 4 c 4 c 4						
Officer Revenue 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Rental income or (loss) 6c 146,360	•				
as عناد (Definet Revenue (Officet Revenue (Context (Context) (Con	let rental income or (loss)		146,360.	146,360.		
Offher Kervenne ar C C C C C C C C C C C C C C C C C C C	aross amount from sales of (i) Securities	(ii) Other				
Other Revenue C G C d N 8 a 9 a 9 a 9 b 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ssets other than inventory 7a	2177500.				
Other Reven Other	ess: cost or other basis					
Other Reven Other	nd sales expenses 7b	2618104.				
Other 8 a G 6 m 8 a G 0 m 9 a G 9 a G 9 a G P b L b L	Gain or (loss)	-440,604.				
Official Characteries (Characteries)			-440,604.	-440,604.		
0 P b L c N 9 a G P b L	Verses income from fundraising quante (a st			,		
0 P b L c N 9 a G P b L	Bross income from fundraising events (not					
P b L c N 9 a G P b L	ncluding \$ of					
b L c N 9 a G P b L	contributions reported on line 1c). See					
с N 9а G Р b L	Part IV, line 18	a				
с N 9а G Р b L	.ess: direct expenses	b				
9a G P b L	let income or (loss) from fundraising event <u>s</u>					
P b L	Gross income from gaming activities. See					
b L	Part IV, line 19 9					
		b				
	Net income or (loss) from gaming activities					
	Gross sales of inventory, less returns					
	ind allowances 1					
b L	ess: cost of goods sold1	Db				
c N	lat income or (lace) from calles of investigation					
	let income or (loss) from sales of inventory	Business Code				
80 _ 11 a ^{0′}	Net income or (IOSS) from sales of inventory	900099	5,200.	5,200.		
d nue	Vet income or (loss) from sales of inventory			, ,		[
Bevenue Bevenue 		·				
Miscellaneous Bevenue p 2 d 11 b 2 d 1 V - A		·				
Ĕ dA	THER INCOME		5,200.			
	THER INCOME		5 200			18,519.
12 T	THER INCOME		8,441,091.	-156,197.	521,873.	, 10 510

BUFFALO URBAN DEVELOPMENT CORPORATION 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).

-*<u>4226 Page</u> 10

	Check if Schedule O contains a respon	so or noto to any line in :	this Part IV		X
		(A)	(B)	(C)	
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,044,295.	3,044,295.		
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,	004 076	001 076		
	trustees, and key employees	291,076.	291,076.		
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				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	32 033	32.033		
~		32,033. 39,352.	32,033. 39,352.		
9	Other employee benefits	39,352.			
10	Payroll taxes	21,998.	21,998.		
11	Fees for services (nonemployees):				
а	Management	83,967.	83,967.		
b	Legal	173,065.	124,747.	48,318.	
с	Accounting	9,850.		9,850.	
d					
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		4,931,041.	1 010 008	11,043.	
	column (A), amount, list line 11g expenses on Sch O.)		4,919,998. 5,026.	15,250.	
12	Advertising and promotion	20,276.	5,020.		
13	Office expenses	682.		682.	
14	Information technology	940.		940.	
15	Royalties				
16	Occupancy	1,076,336.	1,030,567.	45,769.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings	1,722.		1,722.	
19 20		16,576.		16,576.	
20	Interest	±0,570•		±0,570•	
21	Payments to affiliates	01 070		01 070	
22	Depreciation, depletion, and amortization	81,078.		81,078.	
23	Insurance	153,077.	78,026.	75,051.	
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	UBIT TAX	145,314.		145,314.	
b	DUES AND SUBSCRIPTIONS	6,430.		6,430.	
2	MISCELLANEOUS	5,888.		5,888.	
d	MEALS	3,382.		3,382.	
		255.		255.	
	All other expenses		0 671 005		
25	Total functional expenses. Add lines 1 through 24e	10,138,633.	9,671,085.	467,548.	0.
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)				
-					000

232010 12-13-22

10 2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

11140504 759621 7756484

	BUFFALO	URBAN	DEVELOPMENT	CORPORATION
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_-*4226 Page 11

3 Pledges and grants receivable, net 10,160,553.3 3 3 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 4	(B) End of year
(A) Beginning of year 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 6,790,756.2 2 3 Pledges and grants receivable, net 10,160,553.3 3 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% 4	End of year
1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 6,790,756.2 3 Pledges and grants receivable, net 10,160,553.3 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% 25%	End of year
2 Savings and temporary cash investments 6,790,756.2 2 3 Pledges and grants receivable, net 10,160,553.3 3 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% 4	24,054,367. 32,183,206.
2 Savings and temporary cash investments 6,790,756. 2 2 3 Pledges and grants receivable, net 10,160,553. 3 3 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% 5 6,790,756. 2 2	24,054,367. 32,183,206.
3 Pledges and grants receivable, net 10,160,553.3 3 3 4 Accounts receivable, net 4 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 4	32,183,206.
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% 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	
controlled entity or family member of any of these persons	
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	
م 7 Notes and loans receivable, net 61,853,679.7 6	51,853,679.
8 Inventories for sale or use 8	
9 Prepaid expenses and deferred charges 6,188,754.9	5,691,912.
10a Land, buildings, and equipment: cost or other	
basis. Complete Part VI of Schedule D 10a 9,465,989. b Less: accumulated depreciation 10b 274,910. 11,692,817. 10c	
b Less: accumulated depreciation 10b 274,910. 11,692,817. 10c	9,191,079.
11 Investments - publicly traded securities 11	
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 1,809,423.15	2,387,141.
	35,361,384.
17 Accounts payable and accrued expenses	212,235.
18 Grants payable 18	
	53,859,820.
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
trustee, key employee, creator or founder, substantial contributor, or 35%	
22 Loans and other payables to any current of former onicer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 Converse members of any current of these persons 22	369,750.
- 23 Secured montgages and notes payable to unrelated third parties	309,750.
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	
of Schedule D 25 26 Total liabilities. Add lines 17 through 25 15,878,861. 26 5	54,441,805.
Organizations that follow FASB ASC 958, check here X	1,11,005.
27Net assets without donor restrictions78,992,716.27	7.510.340.
28 Net assets with donor restrictions 3, 624, 405. 28	7,510,340. 3,409,239.
P Organizations that do not follow FASB ASC 958, check here	-,,2004
and complete lines 29 through 33.	
b 29 Capital stock or trust principal, or current funds 29	
g 30 Paid-in or capital surplus, or land, building, or equipment fund 30	
31 Retained earnings, endowment, accumulated income, or other funds 31	
and complete lines 27, 28, 32, and 33.78, 992, 716.2727Net assets without donor restrictions78, 992, 716.2728Net assets with donor restrictions3, 624, 405.28Organizations that do not follow FASB ASC 958, check here3, 624, 405.28and complete lines 29 through 33.29292930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances82, 617, 121.32	30,919,579.
33 Total liabilities and net assets/fund balances 98,495,982. 33 13	35,361,384.

_	990 (2022) BUFFALO URBAN DEVELOPMENT CORPORATION	**_	-***42	226	Pa	_{ige} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>91.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				33.
3	Revenue less expenses. Subtract line 2 from line 1	3				42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82	<u>,61</u>	<u>7,1</u>	21.
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	80	<u>,91</u>	<u>9,5</u>	79.
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	О.				
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	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	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	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 Sche	edule 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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

-

Nan		ne organization					-	bioyer identification number
D -				DEVELOPMENT (**-**4226
Ра	rt I	Reason for Public (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	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	ו 990).)			
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	ii).	
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii).	Enter the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit de	scribed in
		section 170(b)(1)(A)(iv). (C		č		, ,		
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).	
		An organization that norma	U U					peral public described in
•		section 170(b)(1)(A)(vi). (C			onn a gove			
8		A community trust describe		1)(A)(vi) (Complete Par	них			
9	H	An agricultural research org			-	nd in conit	unction with a land	grant college
9								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the c	ollege of
40		university:	11	1				
10		An organization that norma	, ()				, ,	, 0
		activities related to its exem		-				· ·
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	red by the organiza	ition after June 30, 1975.
		See section 509(a)(2). (Con				<u> </u>		
11		An organization organized a	•		-			
12		An organization organized a	•					• •
		more publicly supported or						
		lines 12a through 12d that						
а		Type I. A supporting orga						
		the supported organization			majority c	of the direc	tors or trustees of	the supporting
		organization. You must o						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), b	by having
		control or management o			ame perso	ns that co	ntrol or manage the	e supported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally inte	egrated with,
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported o	rganization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an at	ttentiveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .	
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, Typ	be III
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information						
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	nization listed ng document?	(v) Amount of mone	
		organization		above (see instructions))	Yes	No	support (see instruct	tions) support (see instructions)
_								
Tota	ıl							

Schedule A (Form 990) 2022 BUFFALO URBA Part II Support Schedule for Organizations D

BUFFALO URBAN DEVELOPMENT CORPORATION **-***4226 Page 2

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	Section 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.")	26252678.	20799634.	8816375.	4425140.	8056896.	68350723.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf	446,764.	298,920.	171,903.	40,821.	36,183.	994,591.	
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	26699442.	21098554.	8988278.	4465961.	8093079.	69345314.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
6	Public support. Subtract line 5 from line 4.						69345314.	
	ction B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	26699442.	21098554.	8988278.	4465961.	8093079.	69345314.	
8	Gross income from interest,							
-	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	144,372.	360,984.	472,487.	549,731.	540,392.	2067966.	
9	Net income from unrelated business							
Ŭ	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)							
44	Total support. Add lines 7 through 10						71413280.	
	Gross receipts from related activities,					12	/1415200.	
	First 5 years. If the Form 990 is for the	-		iourth or fifth tox y				
13								
Sec	organization, check this box and sto ction C. Computation of Publ					<u></u>		
	Public support percentage for 2022 (column (f))		14	97.10 %	
	Public support percentage from 2021		•			15	97.85 %	
	33 1/3% support test - 2022. If the							
104	stop here. The organization qualifies						V	
h	33 1/3% support test - 2021. If the		-		line 15 is 22 1/20/			
L.				1				
47-	and stop here. The organization qua		•••••		10 10 10-			
1/8	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	•	vi now the organiz		
	meets the facts-and-circumstances te	•	•		•	7	100/	
b	10% -facts-and-circumstances test					-	IU% Or	
	more, and if the organization meets the							
40	organization meets the facts-and-circ		•		• •			
18	Private foundation. If the organization	on ala not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box a		<u> </u>	
						Schenne A	1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022			DEVELOPMENT		**-***4226	Page 3
Part III Support Schedule for	or Organizatio	ons Desc	ribed in Section 50)9(a)(2)		

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

Sec	Stion 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				K		
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6				(,		(7)
	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 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 fi	rst, second, third, t	fourth, or fifth tax	year as a section &	501(c)(3) organiza	tion,
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	line 8, column (f), d	ivided by line 13, c	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	322 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	-					
	line 18 is not more than 33 1/3%, che			-		-	۱
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	his box and see ins		
23202	23 12-09-22					Schedule	A (Form 990) 2022

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1

2

3a

Yes No

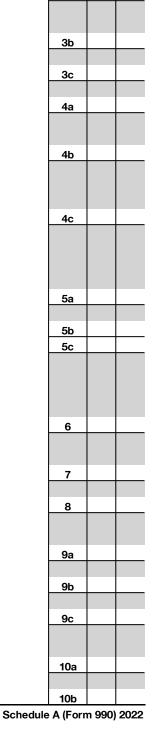
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022 BUFFALO URBAN DEVELOPMENT CORPORATION **-**4226 Page 5

га	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	Ĩ	
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> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		1

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(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.*

С		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-------------------------------------	-----------------------------

- 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.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

1

2

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2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

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Sche	dule A (Form 990) 2022 BUFFALO URBAN DEVELOPMEN			**-**4226 Page 6				
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must co	omplet	te Sections A through E.	1				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally i	integra	ated Type III supporting org	ganization (see				
	instructions).							

Schedule A (Form 990) 2022

232026 12-09-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ied)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	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 (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(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				
a	From 2017				
b	From 2018				
C	From 2019		<u> </u>		
d	From 2020				
e	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: \$				
<u>a</u>	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, 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				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022				CORPORATION	**-** 4226 Page 8
Part VI	line 1; Part IV, Section A, lines 1	, 2, 3b, 3c, 4 lines 2 and 3	o, 4c, 5a, 6, 9a, ; Part IV, Sectio	, 9b, 9c, 11a, 11b, and ⁻ on E, lines 1c, 2a, 2b, 3a	a, and 3b; Part V, line 1; Part	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)	8; and Part V	, Section E, line	es 2, 5, and 6. Also con	plete this part for any additi	onal information.
				~		
232028 12-09-2	2			20		Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

*	*	_	*	*	*	4	2	2	6

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

BUFFALO URBAN DEVELOPMENT CORPORATION

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* set in the set of the parts unless totaling the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless totaling \$5,000 or more during the year for an exclusively set of the parts unless total set of the parts unless

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.

BUFFALO URBAN DEVELOPMENT CORPORATION

Name of organization

Employer identification number

-*4226

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 RALPH C. WILSON JR. FOUNDATION X Person Payroll 3101 E. GRAND BLVD 7,557,030. Noncash \$ (Complete Part II for DETROIT, MI 48202 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** COMMUNITY FOUNDATION FOR SOUTHEAST 2 MICHIGAN X Person Payroll <u>300,0</u>00. 333 WEST FORT STREET, SUITE 2010 Noncash (Complete Part II for DETROIT, MI 48226 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

22 2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

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2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

(b) Description of noncash property given

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
223453 11-15-22	22		Schedule B (Form 990) (2022

23

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

(a)

No.

from

Part I

-4226

(c)

FMV (or estimate)

(See instructions.)

Page 3 Employer identification number

(d)

Date received

Schedule I	B (Form 990) (2022)		Page 4						
Name of o	rganization		Employer identification number						
BUFFAI	LO URBAN DEVELOPMENT CO	RPORATION	**-***4226						
Part III		ons to organizations described in section) through (e) and the following line entry. Fol charitable, etc., contributions of \$1,000 or less for	501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
-		(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No.		[
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
-			·						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
		(e) Transfer of gift	·						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
-									
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee						
			Sabadula B (Earm 000) (2022)						

Schedule B (Form 990) (2022)

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24 2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

Department of the Treasury

Internal Revenue Service

(Form	990)
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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.



Name of the organization

BUFFALO URBAN DEVELOPMENT CORPORATION

Employer identification number **-**4226

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
_			
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		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 qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic st		<u>2c</u>
d	Number of conservation easements included in (c) acquired		
•			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per-		Yes No
6	violations, and enforcement of the conservation easements Staff and volunteer hours devoted to monitoring, inspecting,		
0		, handling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
-			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her 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 99	58, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for pu		
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 99		
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		I 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		
	For Paperwork Reduction Act Notice, see the Instruction	5 101 FUTTI 990.	Schedule D (Form 990) 2022
232051	09-01-22	25	

2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

Sche		URBAN DEVI					-***422		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	r Other S	Similar A	ssets _{(con}	tinued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of th	ne following that	make sigr	nificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	I 🗌 Loan or e	exchange progra	ım				
b	Scholarly research	е		0 1 0					
с	Preservation for future generations								,
4	Provide a description of the organization's co	ollections and explain	how they furthe	r the organizatio	n's exemp	t purpose i	n Part XIII.		
5	During the year, did the organization solicit o		-	-	-				
•	to be sold to raise funds rather than to be ma			-			Yes	Г	No
Par	t IV Escrow and Custodial Arran							or	
	reported an amount on Form 990, Par					0111 000, 1		51	
10	Is the organization an agent, trustee, custodi		ion, for contributi	one or other acc	ote not inc	aludad			
Id							Yes	Г	No
	on Form 990, Part X?							L	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				Amou	Int	
							Anot	<u></u>	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					_ 1f			
	Did the organization include an amount on Fo					?	Yes		
Par	If "Yes," explain the arrangement in Part XIII.							L	
Fai	t V Endowment Funds. Complete i								
		(a) Current year	(b) Prior year	(c) Two year	S DACK (C	I) Three year	S DACK (e) FO	our year	S Dack
1a	Beginning of year balance		-						
b	Contributions								
	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 curr	ent year end balance	e (line 1g, column	(a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	I and administer	ed for the				
	organization by:							Yes	s No
	(i) Unrelated organizations							i)	T
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule F	٦?			3b		
4	Describe in Part XIII the intended uses of the						······		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	a. See Form 990	, Part X, Iir	ne 10.			
	Description of property	(a) Cost or o	· · ·	ost or other		umulated	(d) Bo	ook val	ue
		basis (investn	• • •	sis (other)	• •	eciation	(4) 20	, on var	40
1a	Land	`	,	346,723.			8	46.	723.
				555,607.	2.	31,492			L15.
	Buildings Leasehold improvements			15,714.		15,714		/ _	0.
				47,945.		27,704		20 (241.
	Equipment			<u>,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_,,,,,		<u> </u>	
	Other						0 1	<u>01 (</u>)79.
l otal	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part .</u>	<u>X. column (B), line</u>	e 10c.)			<u> </u>	<u>, L</u>	

Schedule D (Form 990) 2022

Schedule D (Form 99		AN DEVELOPMEN	T CORPORATION	**-**4226 Page 3
	ments - Other Securities.	on Form 000 Port IV line	11b Cap Form 000 Dart V line 1	0
	te if the organization answered "Yes" Urity Or Category (including name of security)	(b) Book value		2. st or end-of-year market value
				a of end-of-year market value
 Financial derivativ Closely held equir 	h			
(3) Other	ty interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must eq	ual Form 990, Part X, col. (B) line 12.)			
Part VIII Invest	ments - Program Related.			
	te if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Des	scription of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ual Form 990, Part X, col. (B) line 13.)			
	Assets.			
Comple	te if the organization answered "Yes"		e 11d. See Form 990, Part X, line 1	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (2) (1)		(=)		
Total. (Column (b) mu	<u>ust equal Form 990, Part X, col. (B) line</u> Liabilities.	e 15.)		
Part X Other	te if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X	line 25
Part X Other		off 1 off 1 550, 1 art 10, inte		(b) Book value
Part X Other Complet				
Part X Other Complet	(a) Description of liability			(,
Part X Other Complet 1. (1) Federal incor	(a) Description of liability			
Part X Other Complet 1. (1) Federal incor (2)	(a) Description of liability			
Part X Other Complet 1. (1) Federal incor (2) (3)	(a) Description of liability			
Part X Other Complet 1. (1) Federal incor (2) (3) (4)	(a) Description of liability			
Part X Other Complet 1. (1) Federal incor (2) (3) (4) (5)	(a) Description of liability			
Part X Other Complet Complet 1. Complet (1) Federal incorr (2) (3) (4) (5) (6) (2)	(a) Description of liability			
Part X Other Complet Complet 1. (1) Federal incor (2) (3) (4) (5) (6) (7)	(a) Description of liability			
Part X Other Complet Complet 1. (1) Federal incor (2) (3) (4) (5) (6) (7) (8) (3)	(a) Description of liability			
Part X Other Complet Complet 1. (1) Federal incor (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description of liability	225.)		

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Schedule D (Form 990) 2022

_	edule D (Form 990) 2022 BUFFALO URBAN DEVELOPME			***4226 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	8,441,091.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,441,091.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue Add lines 2 and 40 (This was a first and 000 Day 1 him 10	,	5	8,441,091.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0,441,0910
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses p		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expenses p		n.
	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Expenses p	er Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lir	atements With Expenses p	er Retur	n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With Expenses p	er Retur	n.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	atements With Expenses p ne 12a.	er Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	atements With Expenses p ne 12a. 2a 2b	er Retur	n.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	atements With Expenses p 12a. 2a 2b 2c	er Retur	n.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a 2b 2c 2c 2d	er Return	n. <u>10,138,633</u> . 0.
Pa 1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2a 2b 2c 2d 2d	er Return	n.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2d	er Return	n. <u>10,138,633</u> . 0.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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	2a 2b 2c 2d	er Return	n. <u>10,138,633</u> . 0.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2b 2c 2d	er Return	n. <u>10,138,633</u> . 0.
Pa 1 2 a b c d 3 4 a	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2c 2d 2d 4a 4b 4b	er Return	n. <u>10,138,633.</u> <u>0.</u> <u>10,138,633.</u> 0.
Pa 1 2 a b c d e 3 4 a b c 5	TXII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin 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 2c 2d 2d 4a 4b 4b	er Return	n. <u>10,138,633.</u> <u>0.</u> <u>10,138,633.</u>

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.

232054 09-01-22

SCHEDULE I		OMB No	. 1545-0047									
(Form 990)		Go	rants and Oth vernments, an ete if the organizatior	d Individual	s in the Ŭni	ted States		20)22			
Department of the Treasury		Comp	ete in the organization	Attach to Form				Open	to Public			
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest information	ation.			ection			
Name of the organization		RBAN DEVEI	LOPMENT CORI	PORATTON				Employer identifica	tion number * * 4 2 2 6			
Part I General Info	ormation on Grants a			. 01011 1 011					1000			
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection												
	ard the grants or assis					5			🗌 No			
2 Describe in Part IV	the organization's pro											
		-	ations and Domestic be duplicated if addition			anization answered "Y	es" on Form 990, Part	IV, line 21, for any				
1 (a) Name and addu or gove	U	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose o or assistar				
CITY OF BUFFALO MAIN STREET								RALPH WILSON JR				
BUFFALO, NY 14203				3,044,295.	0.			CENTENNIAL PARK				

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 BUFFALO URBAN DEVELOPMENT CORPORATION

-*4226

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.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	-

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number **-**4226

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

BUFFALO URBAN DEVELOPMENT CORPORATION

REMEDIATION AND MANAGEMENT OF DISTRESSED PROPERTIES

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

THE ORGANIZATION HAS 19 MEMBERS. 11 OF THE MEMBERS ARE EX-OFFICIO MEMBERS

AS DESIGNATED IN THE CERTIFICATION OF INCORPORATION OF THE CORPORATION.

THE REMAINING 8 MEMBERS ARE "CITIZEN MEMBERS" OF THE ORGANIZATION SUBJECT

TO APPOITMENT/ELECTION.

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

THE BOARD OF DIRECTORS ELECT TWO OF THE EIGHT "CITIZEN MEMBERS" OF THE

ORGANIZATION TO SERVE AS MEMBERS AND DIRECTORS OF THE ORGANIZATION. THE

REMAINING SIX "CITIZEN MEMBERS" ARE APPOINTED TO SERVE AS MEMBERS AND

DIRECTORS OF THE ORGANIZATION BY THE MAYOR OF BUFFALO.

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

THE BOARD RECEIVES A COPY OF FORM 990 BY EMAIL TO REVIEW PRIOR TO THE FORM BEING FILED.

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

THE BOARD HAS STRONG OVERSIGHT OVER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

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

THE FINANCIAL STATEMENTS AND CERTAIN POLICIES AND GOVERNING DOCUMENTS ARE

POSTED ON THE ORGANIZATION'S WEBSITE AT WWW.BUFFALOURBANDEVELOPMENT.COM

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

11140504 759621 7756484

BUFFALO URBAN DEVELOPMENT CORPORATION	**-***4226
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	4,261,478.
MANAGEMENT AND GENERAL EXPENSES	7,834.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,269,312.
PAYROLL FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,209.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,209.
NATIONAL GRID ELECTRICAL SERVICES:	
PROGRAM SERVICE EXPENSES	658,520.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	658,520.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,931,041.

PART X11, LINE 2C

Schedule O (Form 990) 2022

Name of the organization

THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT PROCESS DURING THE YEAR.

232212 10-28-22

Page 2

Employer identification number

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number **-***4226

Department of the Treasury Internal Revenue Service

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

Name of the organization

BUFFALO URBAN DEVELOPMENT CORPORATION

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORDEL I, LLC - 20-1379186					
95 PERRY STREET SUITE 403					BUFFALO URBAN
BUFFALO, NY 14203	REAL ESTATE	NEW YORK			DEVELOPMENT CORPORATION
NORDEL II, LLC - 20-1379230					
95 PERRY STREET SUITE 403					BUFFALO URBAN
BUFFALO, NY 14203	REAL ESTATE	NEW YORK			DEVELOPMENT CORPORATION
BUFFALO LAKESIDE COMMERCE PARK I, LLC					
95 PERRY STREET SUITE 404					BUFFALO URBAN
BUFFALO, NY 14203	REAL ESTATE	NEW YORK			DEVELOPMENT CORPORATION
RIVERBEND, LLC - 41-2275919					
95 PERRY STREET SUITE 404					BUFFALO URBAN
BUFFALO, NY 14203	REAL ESTATE	NEW YORK			DEVELOPMENT CORPORATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled :ity?
				501(c)(3))		Yes	No
BUFFALO BROWNFIELD RESTORATION CORPORATION -	PARTNERS WITH PRIVATE						
20-2681698, 95 PERRY STREET SUITE 404,	SECTOR IN DEVELOPMENT OF						
BUFFALO, NY 14203	DOWNTOWN BUFFALO	NEW YORK	501(C)(3)	LINE 8			х
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) BUFFALO URBAN DEVELOPMENT CORPORATION

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
KING CROW, LLC - 83-0858799 95 PERRY STREET SUITE 404 BUFFALO, NY 14203	REAL ESTATE	NEW YORK			BUFFALO URBAN DEVELOPMENT CORPORATION
714 NORTHLAND, LLC - 83-3271548 95 PERRY STREET SUITE 404 BUFFALO, NY 14203	REAL ESTATE	NEW YORK			BUFFALO URBAN DEVELOPMENT CORPORATION
631 NORTHLAND, LLC - 87-1480436 95 PERRY STREET SUITE 403 BUFFALO, NY 14203	REAL ESTATE	NEW YORK			BUFFALO URBAN DEVELOPMENT CORPORATION
		2			

Schedule R (Form 990) 2022 BUFFALO URBAN DEVELOPMENT CORPORATION

-*4226 Page 2

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)	(1	h)	(i)	(j)	
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	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or ^{ing} ownership r?
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yesl	lo
]										
]										
]										

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) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
683 WTC, LLC - 81-4721181			BUFFALO URBAN						
95 PERRY STREET SUITE 403			DEVELOPMENT						
BUFFALO, NY 14203	REAL ESTATE	NY	CORPORATION	C CORP	6,318,625.	66,348,481.	100%		Х
683 NORTHLAND, LLC - 35-2580394									
95 PERRY STREET SUITE 403									
BUFFALO, NY 14203	REAL ESTATE	NY	683 WTC, LLC	C CORP	-2,688,923.	104,524,690.	95.00%		X
									─
	—								

Schedule R (Form 990) 2022 BUFFALO URBAN DEVELOPMENT CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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		-				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X	
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)						X
d Loans or loan guarantees to or for related organization(s)				1d	X	
e Loans or loan guarantees by related organization(s)						X
f Dividends from related organization(s)				1f		x
g Sale of assets to related organization(s)				1g		Х
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)						X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x
I Performance of services or membership or fundraising solicitations for related organ						X
m Performance of services or membership or fundraising solicitations by related organ						X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
						X
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		x
						X
 s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on whether the second se				1s		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i	nvolved		
1)683 WTC, LLC	A	2,023,519.	FMV			
2) 683 WTC, LLC	D	52,187,279.	FMV			
3)						
4)						

(5)

(6)

Schedule R (Form 990) 2022 BUFFALO URBAN DEVELOPMENT CORPORATION

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)	(d)	14	~)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		por-	Code V-LIBI	Gener		ercentade
of entity	T finding dotivity	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	Dispro tion allocat	ate	amount in box 20	manag	ging	wnership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes		income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes I		· - · - · · · P
				res	ON			res	NO	(res		
											$\left \right $	\rightarrow	
				Þ									
				ľ									
								$\left \right $			$\left \right $	+	
				-				\vdash			\vdash		

Schedule R (Form 990) 2022

Schedule R	(Form 990)) 2022

Part VII Supplemental Information

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

		·
232165 09-14-22		Schedule R (Form 990) 2022
	38	

	BUFF2 990-W rksheet)	Income (and	Tax e foi on Inv	IENT CORPORA on Unrelate Tax-Exemp estment Income for F ords. Do not send to	d Business ot Organizati Private Foundations)	ons Form 990-1		2023
1	Unrelated business taxab	le income expected in the tax y	ear				1	
2	Tax on the amount on lin	ne 1					2	
3	Alternative minimum tax	for trusts					3	
4	Total. Add lines 2 and 3						4	
5	Estimated tax credits						5	
6	Subtract line 5 from line	4					6	
7	Other taxes						7	
8	Total. Add lines 6 and 7						8	
9	Credit for federal tax paid	l on fuels					9	
b	estimated tax payments Enter the tax shown on the zero or the tax year was the and enter the amount fro	8. Note: If less than \$500, the one 2022 return. Caution: If for less than 12 months, skip the m line 10a on line 10c	is line		10a 10b	94,723.		
	from line 10a on line 10c				ADJUST	ED TO	10c	96,000.
				(a)	(b)	(C)		(d)
11	Installment due dates		11	04/18/23	06/15/23	09/15/23	3	12/15/23
12	Installments. Enter 25% columns (a) through (d)	of line 10c in	12	24,000.	24,000.	24,00	00.	24,000.
13	2022 Overpayment		13	6,457.				
14	Payment due (Subtract I	ine 13 from line 12)	14	17,543.	24,000.	24,00	00.	24,000. Form 990-W

ESTIMATED TAX	96,000.
OVERPAYMENT APPLIED	6,457.
AMOUNT DUE	89,543.

Form 8	879-TE	****	* THIS IS IRS e-fi for	s NOT A FILEA le Signature A r a Tax Exemp	ABLE COPY *** Authorization ot Entity	* * *	OME	3 No. 1545-0047
		For calendar year	2022, or fiscal year beg	jinning, 2	2022, and ending	, 20	_	2022
Departmer	nt of the Treasury		Do not	send to the IRS. Keep	for your records.			.UZZ
	evenue Service		Go to www.ii	rs.gov/Form8879TE for	the latest information			
Name of	filer					EIN or SS		
	BUFFAL	O URBAN	DEVELOPME	ENT CORPORATI	ON	**_*	**422	26
Name an	d title of officer or pe	rson subject to tax	x BRANDYI PRESIDI	E MERRIWEATHE ENT	ER			
Part	Type of	Return and F	Return Inform	nation				
Form 53 or 10a k whichev than on	330 filers may enter below, and the amo ver is applicable, bl e line in Part I.	r dollars and cer ount on that line ank (do not ente	nts. For all other for for the return bei er -0-). But, if you o	orm 8879-TE and enter th orms, enter whole dollars ing filed with this form wa entered -0- on the return,	s only. If you check the as blank, then leave line then enter -0- on the ap	box on line 1a, 2a box on line 1a, 2a box on line 5, 3b, 4b, 5 pplicable line below	n, 3a, 4a, b, 6b, 7b v. Do no	5a, 6a, 7a, 8a, 9a, , 8b, 9b, or 10b, t complete more
	Form 990 check h	_		venue, if any (Form 990,				
	Form 990-EZ che			venue, if any (Form 990-				
	Form 1120-POL of	_		x (Form 1120-POL, line 2				
	Form 990-PF che	···· _		ed on investment incon				
	Form 8868 check	F		e due (Form 8868, line 3c			5b	94,723.
	Form 990-T check	=		x (Form 990-T, Part III, lin				
	Form 4720 check	_		x (Form 4720, Part III, line				
	Form 5227 check	_		assets at end of tax yea				
	Form 5330 check	_		(Form 5330, Part II, line				
10a Part	Form 8038-CP ch			of credit payment requirization of Officer of			10b	
Under p	enalties of perjury,	I declare that	X I am an office	er of the above entity or	I am a person sub	pject to tax with res	spect to (r	name
complete intermetacknow of any re- entry to financia later that paymen persona	te. I further declare diate service provid ledgement of recei efund. If applicable the financial institu l institution to debi an 2 business days at of taxes to receiv	that the amounder, transmitter, pt or reason for a, I authorize the ution account in t the entry to thi prior to the pay e confidential in her (PIN) as my	t in Part I above i or electronic retu rejection of the tr U.S. Treasury an dicated in the tax is account. To rev ment (settlement) formation necess or signature for the	tatements, and, to the be s the amount shown on f irm originator (ERO) to ser ansmission, (b) the reas id its designated Financia preparation software for voke a payment, I must c) date. I also authorize th ary to answer inquiries a e electronic return and, if	the copy of the electron and the return to the IRS ion for any delay in proc al Agent to initiate an el payment of the federal ontact the U.S. Treasur e financial institutions ir and resolve issues relate	nic return. I consen cessing the return ectronic funds with I taxes owed on thi ry Financial Agent a nvolved in the proc ed to the payment.	t to allow m the IRS or refund, ndrawal (c is return, at 1-888-3 essing of I have se s withdra	my (a) an and (c) the date lirect debit) and the 53-4537 no the electronic lected a
23			en erno,	ERO firm name		to enter my		five numbers, but
								ot enter all zeros
	with a state age on the return's c As an officer or p return. If I have i	ncy(ies) regulatir lisclosure conse person subject t ndicated within	ng charities as pa ent screen. o tax with respec this return that a	Ily filed return. If I have in in to f the IRS Fed/State p at to the entity, I will enter copy of the return is beir e return's disclosure cons	rogram, I also authorize r my PIN as my signatur ng filed with a state age	e the aforemention re on the tax year 2	ed ERO to 2022 elec	o enter my PIN tronically filed
Signature	of officer or person subject		* THIS IS	S NOT A FILEA		** Da	te O	5/04/23
	EFIN/PIN. Enter yo			fication				
	(EFIN) followed by			lication	1664920 Do not enter			
submitt				y signature on the 2022 of Pub. 4163, Moderniz	electronically filed return	n indicated above.		
ERO's si	gnature FRE	ED MAXIC	K CPAS, I	2.C.	Date	05/04/23		
		Do Not		Retain This Form - Form to the IRS U		Γο Do So		
LHA F	or Privacy Act and			ice, see instructions.			Form	8879-TE (2022)
202521 12	2-16-22			41				

11140504 759621 7756484

2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

Form 9	90-T	E	Exempt Organization Business Income Tax Return	m	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		2022
		For cal	endar year 2022 or other tax year beginning, and ending	·	2022
Departme Internal R	ent of the Treasury evenue Service	ſ	Go to www.irs.gov/Form990T for instructions and the latest information. 20 not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A 🗌	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmpl	oyer identification number
B Exen	npt under section	Print	BUFFALO URBAN DEVELOPMENT CORPORATION	*	*-***4226
X 5	01(c)(3) 08(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 95 PERRY STREET, 404		o exemption number nstructions)
	08A 530(a) 29(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt BUFFALO}$, ${\tt NY}$ 14203	F	Check box if
		С Во	ok value of all assets at end of year 135, 361, 384.		an amended return.
G Ch	eck organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
H Ch	eck if filing only to	2	Claim credit from Form 8941 Claim a refund shown on Form 2439		
l Ch	eck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J Ent	ter the number of	attache	ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.		Yes X No
L The	e books are in car		MOLLIE PROFIC Telephone number	(716)856-6525
Part	I Total Unr	elate	d Business Taxable Income		
1 T	otal of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
ir	nstructions)			1	452,062.
2 F	Reserved			2	
3 A	Add lines 1 and 2			3	452,062.
4 C	Charitable contrib	utions (see instructions for limitation rules)	. 4	0.
5 T	otal unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	452,062.
6 D	Deduction for net	operati	ng loss. See instructions	6	
7 T	otal of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
S	Subtract line 6 fro	m line 5		7	452,062.
8 S	Specific deduction	n (genei	ally \$1,000, but see instructions for exceptions)		1,000.
9 T	rusts. Section 19	99A deo	duction. See instructions	9	
10 T	otal deductions.	. Add lii	nes 8 and 9	10	1,000.
11 L	Inrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	nter zero			11	451,062.
Part			*		
			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	94,723.
2 T	rusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
F	Part I, line 11 from	: L	_ Tax rate schedule or Schedule D (Form 1041)	. 2	
3 P	Proxy tax. See ins	structio	ns		
4 C	Other tax amounts	s. See i	nstructions	4	
5 A	Alternative minimu	ım tax (trusts only)		
6 T	ax on noncomp	iant fa	cility income. See instructions		
<u>7</u> T			h 6 to line 1 or 2, whichever applies	. 7	94,723.
1114	Can Danamurarly	نار میلاد م	ion Act Notice, and instructions		Earm 990-T (2022)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

223701 01-16-23

Form 9	90-T (2022)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions) 1b		
с	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	94,723.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	3	
4	Total tax. Add lines 2 and 3 (see instructions).		
	section 1294. Enter tax amount here	4	94,723.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022		
b	2022 estimated tax payments. Check if section 643(g) election applies 6b 101, 320.		
c	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
3	Form 4136 Other Total 6g		101 000
7	Total payments. Add lines 6a through 6g	7	101,320.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	140.
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	6,457.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 6,457. Refunded	11	0.
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		X
	foreign trust?		······
•	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$		
3 ⊿			
4			
-	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part		•
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce		
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 NOL c	arryove	<u> </u>
	\$		
	\$		v
6a b	Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		X
U			
Dert		<u></u>	<u></u>

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign	Under penalties of perjury, I declare that I have exam correct, and complete. Declaration of preparer (other				Ĵ	and belief, it is true,
Here	Signature of officer	Date Title	SIDENT		the pr	reparer shown below (see
	Signature of officer	Date Hite			instru	ctions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check 🗌	if	PTIN
Paid				self- employe	ed	
Prepare	r NICOLE M. WHITE	NICOLE M. WHITE	05/04/23			P01599383
Use Only		Firm's EIN		**-***1133		
	ONE EVAN	S STREET				
	Firm's address BATAVIA ,	NY 14020-3110		Phone no.	58	5-344-1967
223711 01-16-	-23					Form 990-T (2022)
		10				

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SCHEDULE A (Form 990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2022	

Open to Public Inspection for 501(c)(3) Organizations Only

1

Name of the organization Α

BUFFALO URBAN DEVELOPMENT CORPORATION

812900 С Unrelated business activity code (see instructions)

1 D Sequence: of

-*4226

B Employer identification number

INTEREST INCOME FROM 100% OWNED RELATED ENTIT Describe the unrelated trade or business

ΕI	Describe the unrelated trade or business INTEREST INC	OME	FROM 100% OV	NED RELATED	ENTIT
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form				
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8	521,873.	47,895.	473,978.
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	521,873.	47,895.	473,978.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	21,916.
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts				
5	Interest (attach statement). See instructions				
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8				8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	21,916.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from	n Part	l, line 13,		
	column (C)			16	452,062.
17	Deduction for net operating loss. See instructions			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16				452,062.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedule	A (Form 990-T) 2022

223741 01-16-23

Sahad	ule A (Form 990-T) 2022				1 Deco (
Part		od of inventory valuat	on		Page 2
1	Inventory at beginning of year				
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter h				Yes No
9 Part	Do the rules of section 263A (with respect to property p Rent Income (From Real Property and				
1	Description of property (property street address, city, st		-		
•	A				
	B				
	c 🗌				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)			7	
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
с	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5	in lines 2(a) and 2(b) (attach statement)	ter here and on Part I,	line 6, column (B)		0.
Part					
1	Description of debt-financed property (street address, c	ity, state, ZIP code). C	heck if a dual-use. See i	nstructions.	
	A B				
	c 🗌				
	D				
		Α	в	с	D
2	Gross income from or allocable to debt-financed	A	В	С	D
2 3	property	A	В	c	D
	property Deductions directly connected with or allocable	A	В	C	D
	property	Α	В	C	D
3	property Deductions directly connected with or allocable to debt-financed property	A	B	C	D
3 a	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,	A	B	C	D
3 a b	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	A	B	C	D
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	A	B	C	D
3 a b c	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable	A	B	C	D
3 a b c 4	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	A	B	C	D
3 a b c 4	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A	B	C	
3 a b c 4 5	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6	%	%	%	
3 b c 4 5	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	%	%	%	D 9/ 0.
3 b c 4 5 6 7 8	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atd lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	%	%	%	
3 b c 4 5 6 7 8 9	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atd lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	% Enter here and on Pa	% t I, line 7, column (A)	%	%
3 b c 4 5 6 7 8	property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (atd lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D).	% Enter here and on Par pugh D. Enter here and	% t I, line 7, column (A)	% 	%

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Schedu Part	ule A (Form 990-T) 2022	ities R	ovalties, and Re	nts fror	n Control	led Or	ganizations	S (60	ee instruct	ions)		Page 3
1 411							xempt Control			,	M	1.2
1. Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income		mn 4 in the aniza-	6. Deductions direct connected with		
(1) 68	683 WTC, LLC **-**0394											
(2)												
(3)												
(4)												
			Nor	nexempt C	Controlled O	rganizati	ons					
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)	 Total of specified payments made 		10. Part of column 9 that is included in the controlling organization's gross income		11. Deductions direc connected with income in column 1		nnected with		
<u>(1)</u>	0.		521,873.			0.		521	<u>,873.</u>			47,895.
(2)												
(3)												
<u>(4)</u>												
							Add colum Enter here line 8, c	and on	Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		
Totals								<u>521</u>	,873.			47,895.
Part	VII Investment I	ncome	of a Section 50 [.]	1(c)(7), (9), or (17)	Orgar	nization _{(s}	ee inst	ructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connection (attach stater	ected	4. Set- (attach st		, I	5. Total deductions and set-asides (add cols 3 and 4)
(1)												
(2)												
(3)												
<u>(4)</u>					Add amor column 2 here and o line 9, colu	. Enter n Part I,						Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals						Ò.						0.
Part	VIII Exploited E	xempt A	Activity Income,	Other T	han Adve	ertising	g Income	(see ins	structions)			
1	Description of exploite	d activity:										
2	Gross unrelated busine	ess incom	e from trade or busir	iess. Entei	r here and o	n Part I,	line 10, columi	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	lated busi	ness income	e. Enter h	nere and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract lir	ne 3 from lin	e 2. If a g	gain, complete					
										4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expension											
	4. Enter here and on P	art II, line	12	<u></u>						7		

Schedule A (Form 990-T) 2022

1

223731 01-16-22

<u>Sched</u> Part	ule A (Form 990-T) 2022 IX Advertising Income					Page 4
		arting two are	more neriedicale en e	appaalidated basis		
1	Name(s) of periodical(s). Check box if rep	orting two or i	more periodicals on a	consolidated basis	5.	
	<u>A</u> <u></u>					
	B					
	c 🔄					
	D					
Enter a	amounts for each periodical listed above in	the correspor	nding column.	1		
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here an	d on Part I, lin	e 11, column (A)			0.
а						
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and	d on Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 fro	m line	[
•	2. For any column in line 4 showing a gai					
	complete lines 5 through 8. For any colur	-				
	line 4 showing a loss or zero, do not com					
	lines 5 through 7, and enter zero on line 8				·	
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less t					
'	line 5, subtract line 6 from line 5. If line 5					
•	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a g					
_	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter th	-		otal or zero nere and	a on	٥
Dout	Part II, line 13 X Compensation of Officers,	Directore				0.
Part	Compensation of Onicers,	Directors,	and trustees (see instructions)		
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
	EBECCA GANDOUR		PRESIDENT		85.00%	18,666.
	RANDYE MERRIWEATHER	PRESI	DENT		15.00%	3,250.
(3)					%	
(4)					%	
	Enter here and on Part II, line 1					21,916.
Part	XI Supplemental Information	(see instruct	tions)			

223732 01-16-23

FORM 990-TDESCRIPTION OF ORGANIZATION'S UNRELATEDSTATEMENT 1SCHEDULE ABUSINESS ACTIVITYSTATEMENT 1

INTEREST INCOME FROM 100% OWNED RELATED ENTITY PER ELECTION 168(H)(6)(F)(II

TO FORM 990-T, SCHEDULE A, LINE E

	I - DEDUCTIONS OF CON ZATIONS DIRECTLY CONN COLUMN 10 INCOME		STATEMENT 2
DESCRIPTION		VITY IBER AMOUNT	TOTAL
LEGAL FEES CONSULTING FEE		26,23	
	- SUBTOTAL -	1	47,895.
TOTAL OF FORM 990-T, SCH	EDULE A, PART VI, COL	UMN 11	47,895.

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying Nu	ımber
BUFFALO UR	BAN DEVELOPME	NT CORPORATIO	N	**_***	4226
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
04/15/22	23,681.	23,681.	54	.000109589	140.
06/08/22	-50,660.	-26,979.			
06/15/22	23,681.	-3,298.			
06/30/22	0.	-3,298.	74	.000136986	
09/12/22	-25,330.	-28,628.			
09/15/22	23,680.	-4,948.			
09/30/22	0.	-4,948.	70	.000164384	
12/09/22	-25,330.	-30,278.			
12/15/22	23,681.	-6,597.			
12/31/22	0.	-6,597.	135	.000191781	
Penalty Due (Sum of Colu	ımn F).				

* Date of estimated tax payment, withholding credit date or installment due date.

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2 a	Personal holding company tax (Schedule PH (Form 1120), line	e 26)	included on line 1	2a			
	b Look-back interest included on line 1 under section 460(b)(2)						
	contracts or section $167(g)$ for depreciation under the income			2b			
c	Credit for federal tax paid on fuels (see instructions)						
	I Total. Add lines 2a through 2c		2d				
3	Subtract line 2d from line 1. If the result is less than \$500, do	Γ					
	does not owe the penalty		3	94,723.			
4	Enter the tax shown on the corporation's 2021 income tax retu	Γ					
	or the tax year was for less than 12 months, skip this line and	ente	r the amount from line 3 o	on line 5		4	101,281.
5	Required annual payment. Enter the smaller of line 3 or line	4. lf	the corporation is require	d to skip line 4,			
	enter the amount from line 3					5	94,723.
F	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are o	checked, the corporation	must file Form 2220)	
	even if it does not owe a penalty. See instructions.						
6	The corporation is using the adjusted seasonal installr	nent	method.				
7	The corporation is using the annualized income install	ment	method.				
8	The corporation is a "large corporation" figuring its firs	st rec	uired installment based or	n the prior year's tax.			
F	Part III Figuring the Underpayment						
			(a)	(b)	(C)		(d)
9	Installment due dates. Enter in columns (a) through (d) the						
	15th day of the 4th (Form 990-PF filers: Use 5th month),						
	6th, 9th, and 12th months of the corporation's tax year \dots	9	04/15/22	06/15/22	09/15/2	2	12/15/22
10	Required installments. If the box on line 6 and/or line 7						
	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions						
	for the amounts to enter. If none of these boxes are checked,						
	enter 25% (0.25) of line 5 above in each column	10	23,681.	23,681.	23,68	0.	23,681.
11	Estimated tax paid or credited for each period. For						
	column (a) only, enter the amount from line 11 on line 15.			50 660		~	05 000
	See instructions	11		50,660.	25,33	0.	25,330.
	Complete lines 12 through 18 of one column						
	before going to the next column.				2 . 0.0	0	4 040
	Enter amount, if any, from line 18 of the preceding column	12			3,29		<u>4,948.</u> 30,278.
	Add lines 11 and 12	13		50,660.	28,62	8.	30,278.
	Add amounts on lines 16 and 17 of the preceding column	14	0.	23,681.	20 62	0	30,278.
	Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	26,979.	28,62	٥.	30,278.
16	If the amount on line 15 is zero, subtract line 13 from line			0		^	
	14. Otherwise, enter -0-	16		0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,						
	subtract line 15 from line 10. Then go to line 12 of the next	4-	22 601				
	column. Otherwise, go to line 18	17	23,681.				
18	Overpayment. If line 10 is less than line 15, subtract line 10	4.0		3 200	1 0 4	0	
<u>-</u>	from line 15. Then go to line 12 of the next column	18 / if th	ere are no entrice on ling	<u>3,298.</u>	4,94	0.	
				e in - no penany is ower	ı.		Form 0000 (0000)
_H/	A For Paperwork Reduction Act Notice, see separate instr	UCTIC	115.				Form 2220 (2022)

BUFFALO URBAN DEVELOPMENT CORPORATION

1 Total tax (see instructions)

Required Annual Payment

-*4226 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Underpayment of Estimated Tax by Corporations FORM 990-T

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

OMB No. 1545-0123

94,723.

2022 Employer identification number

1

Form	2220
	nent of the Treasury Revenue Service

Name

Part I

FORM 990-T

Form 2220 (2022)

Part IV Figuring the Penalty

			(a)	(b)	(0)		(d)
9	Enter the date of payment or the 15th day of the 4th month						
	after the close of the tax year, whichever is earlier.						
	(C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month.						
	Form 990-PF and Form 990-T filers: Use 5th month						
	instead of 4th month.) See instructions	19					
0	Number of days from due date of installment on line 9 to the	10					
	date shown on line 19	20					
1	Number of days on line 20 after 4/15/2022 and before 7/1/2022	21					
2	Underpayment on line 17 x Number of days on line 21 x 4% (0.04)	22	\$	\$	\$	\$	
	365						
3	Number of days on line 20 after 6/30/2022 and before 10/1/2022	23					
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$	
	365		-	Ť.	Ť	- T	
25	Number of days on line 20 after 9/30/2022 and before 1/1/2023	25					
6	Underpayment on line 17 x Number of days on line 25 x 6% (0.06) $\frac{365}{3}$	26	\$	\$	\$	 \$	
7	Number of days on line 20 after 12/31/2022 and before 4/1/2023	27	SEE	ATTACHED W	ORKSHEET		
8	Underpayment on line 17 x Number of days on line 27 x 7% (0.07)	28	\$	\$	\$	\$	
	365						
9	Number of days on line 20 after 3/31/2023 and before 7/1/2023	29				 	
				•	.	Φ.	
0	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	 \$	
1	Number of days on line 20 after 6/30/2023 and before 10/1/2023	31					
-							
2	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$	
	365						
3	Number of days on line 20 after 9/30/2023 and before 1/1/2024	33					
			•			•	
4	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	 \$	
5	Number of days on line 20 after 12/31/2023 and before 3/16/2024	35					
6	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$	
	366						
87	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
8	Penalty. Add columns (a) through (d) of line 37. Enter the to	tal he	re and on Form 1120. lin	e 34: or the comparable			
-				, o somparable			140

These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

212802 01-24-23

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

Name(s)				Identifying I	Number
BUFFALO URE	AN DEVELOPMEN	r corporatio	N	**_**	*4226
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
04/15/22	23,681.	- <u>0</u> - 23,681.	54	.000109589	140
06/08/22	-50,660.	-26,979.			
06/15/22	23,681.	-3,298.			
06/30/22	0.	-3,298.	74	.000136986	
09/12/22	-25,330.	-28,628.			
09/15/22	23,680.	-4,948.			
09/30/22	0.	-4,948.	70	.000164384	
12/09/22	-25,330.	-30,278.			
12/15/22	23,681.	-6,597.			
12/31/22	0.	-6,597.	135	.000191781	
nalty Due (Sum of Colu	mn F).				14

* Date of estimated tax payment, withholding credit date or installment due date.

212511 04-01-22

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

TO BE SIGNED AND DATED BY:

NOT APPLICABLE

AMOUNT OF TAX:

	TOTAL TAX	\$	40,596
	LESS: PAYMENTS AND CREDITS	\$	43,500
	PLUS: OTHER AMOUNT		0
	PLUS: INTEREST AND PENALTIES	\$	0
	OVERPAYMENT	\$	2,904
OVERPAYM	ENT:		
	CREDITED TO YOUR ESTIMATED TAX	\$	2,904
		\$ \$	0
	ТАХ	\$	0 0

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE AND RETURN FORM TR-579-CT TO OUR OFFICE. WE WILL THEN SUBMIT YOUR ELECTRONIC RETURN TO THE NYSDTF. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE NYSDTF.

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2022

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

AMOUNT OF TAX:

BALANCE DUE OF \$1,500

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML

RETURN MUST BE MAILED ON OR BEFORE:

JUNE 30, 2023

SPECIAL INSTRUCTIONS:

2023 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK ESTIMATED TAX

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203

PREPARED BY:

FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110

AMOUNT OF TAX:

TOTAL ESTIMATED TAX \$ 40.620 LESS CREDIT FROM PRIOR YEAR 2,904 \$ LESS AMOUNT ALREADY PAID ON 2023 ESTIMATE \$ BALANCE DUE \$ 37,716

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT		DUE DATE
NO 1	\$	0	NOT APPLICABLE
NO 2	\$ 10,6	36	JUNE 15, 2023
NO 3	\$ 13,5	40	SEPTEMBER 15, 2023
NO 4	\$ 13,5	40	DECEMBER 15, 2023

0

MAKE CHECK PAYABLE TO:

NEW YORK STATE CORPORATION TAX

MAIL VOUCHER AND CHECK TO:

NYS ESTIMATED CORPORATION TAX P.O. BOX 15200 ALBANY, NY 12212-5200

SPECIAL INSTRUCTIONS:

MAIL EACH INSTALLMENT ON OR BEFORE THE DATE INDICATED ABOVE. ENCLOSE A CHECK FOR THE SPECIFIED AMOUNT.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Open to Public Inspection

1.General Informat	ion									
For Fiscal Year Beginning		/2022 and Ending	g (mm/dd/yyyy) 12/31	/2022						
Check if Applicable:	Name of Organization:			Employer Identification Number (EIN): **-**4226						
Address Change	BUFFALO URBAN DEVELOPMENT CORPORATION **-**4226 Mailing Address: NY Registration Number:									
Initial Filing	95 PERRY STREET, NO. 404 20-18-34									
Final Filing	City / State / ZIP:	City / State / ZIP: Telephone:								
Amended Filing		14203		716 856-6525						
Reg ID Pending Website: Email: WWW.BUFFALOURBANDEVELOPMENT.COM Email:										
Check your organization's										
registration category:	7A only X EPT	L only DUAL (7A	& EPTL) EXEMPT*	Charities Registry at <u>www.CharitiesNYS.com</u> .						
2. Certification										
See instructions for certif two signatories.	ication requirements. Improp	er certification is a violatio	n of law that may be subjec	t to penalties. The certification requires						
, , , , , , , , , , , , , , , , , , ,			-	e best of our knowledge and belief,						
they ar	e true, correct and complete	in accordance with the law								
President or Authorized	Officer		BRANDYE MI PRESIDENT	ERRIWEATHER						
Tresident of Additionzed	Signature			me and Title Date						
	olghataro		MOLLIE PRO							
Chief Financial Officer or	Treasurer:		TREASURER							
	Signature		Print Na	me and Title Date						
3. Annual Reporting	r Exemption									
	-	r organization is claiming a	an exemption under one ca	tegory (7A or EPTL only filers) or both						
		-		fied Char500. No fee, schedules, or						
additional attachments ar	e required. If you cannot clai	m an exemption or are a D	OUAL filer that claims only o	ne exemption, you must file applicable						
schedules and attachmer	nts and pay applicable fees.									
			•	government agencies, etc. did not d raising counsel (FRC) to solicit						
	ons during the fiscal year.	ia not ongago a protocolo								
		ots did not exceed \$25,00	0 and the market value of a	ssets did not exceed \$25,000 at any time						
during the	fiscal year.									
4. Schedules and A	ttachments									
See the following page										
for a checklist of	Yes X No 4a. Did	your organization use a p	rofessional fund raiser, fund	raising counsel or commercial co-venturer						
schedules and			te? If yes, complete Schedu							
attachments to										
complete your filing.	X Yes No 4b. Did	the organization receive g	overnment grants? If yes, o	complete Schedule 4b.						
5. Fee										
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:							
next page to calculate yo	ur			Make a single check or money order payable to:						
fee(s). Indicate fee(s) you				"Department of Law"						
are submitting here:	\$	\$ <u>1,500.</u>	\$ <u>1,500.</u>							
CHAR500 Annual Filing fo	r Charitable Organizations (U	pdated January 2022)								
*The "Exempt" category re	efers to an organization's NYS	S registration status. It doe	es not refer to its IRS tax de	signation.						

268451 01-24-23 1019

1 2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

BUFFALO URBAN DEVELOPMENT CORPORATION

	-
	Simp
CHAR500	- You
Annual Filing Checklist	- You

bly submit the certified CHAR500 with no fee, schedule, or additional attachments IF: r organization is registered as 7A only and you marked the 7A filing exemption in Part 3.

r organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3. - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

\$25, if the NET WORTH is less than \$50,000

X \$1500, if the NET WORTH is \$50,000,000 or more

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

\$50, if the NET WORTH is \$50,000 or more but less than \$250,000

\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000

\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000

Check the schedules you must submit with your CHAR500 as described in Part 4: 🗌 If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only. If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report: Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000 Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000 No Review Report or Audit Report is required because total revenue and support is less than \$250,000 We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required. **Calculate Your Fee** Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon For 7A and DUAL filers, calculate the 7A fee: registration with the NY Charities Bureau: \$0, if you checked the 7A exemption in Part 3a 7A filers are registered to solicit contributions in New York \$25, if you did not check the 7A exemption in Part 3a under Article 7-A of the Executive Law ("7A") EPTL filers are registered under the Estates, Powers & Trusts For EPTL and DUAL filers, calculate the EPTL fee: Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. \$0, if you checked the EPTL exemption in Part 3b

DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:

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

²⁶⁸⁴⁶¹ ⁰¹⁻²⁴⁻²³ 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Send Your Filing

28 Liberty Street

New York, NY 10005

Need Assistance?

Visit:

Call:

NYS Office of the Attorney General

Charities Bureau Registration Section

www.CharitiesNYS.com

(212) 416-8401 Email: Charities.Bureau@ag.ny.gov

2

2022.03040 BUFFALO URBAN DEVELOPMENT 77564841

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

Open to Public Inspection

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

1. Organization Information Name of Organization: BUFFALO URBAN DEVELOPMENT CORPORATION 20-18-34

2. Government Grants

Name of Government Agency	Amount of Grant
1. GREAT LAKES COMMISSION	1. 7,000.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 7,000.

3

268481 01-24-23 1019 CHAR500 Schedule 4b: Government Grants (Updated January 2022)

Т



Estimated Tax for Corporations

Filing made easy: File and pay electronically through *Online Services* at *www.tax.ny.gov.* See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer	identification number	,	File no.	Return type (re	auired)			Tax year
						Beginning (mn	n-dd-yyyy)	Ending (mm-dd-yyyy)
│ * * <u>-</u> * [,]	**4226		MM8	CT13		01-0	01-23	12-31-23
Business te	elephone number	State or country of incorpor	ation		Date of in	ncorporation		Installment due date
716-8	356-6525							06-15-23
Legal name	of corporation							Foreign corporations: date began business in NYS
BUFFA	ALO URBAN DE	VELOPMENT COP	RPORATI	ION				
Street addr	ess or PO Box							For office use only
95 PE	ERRY STREET,	404						
City				State	ZIP	code		
BUFF	ALO			NY	1	4203		
A. Make	e payable to: New Yor	k State Corporation Tax						Payment enclosed
Enclo	ose your payment. <i>(De</i>	tach all check stubs; see	instructions	for details.)			Α	10,636
Installm	ent payment am	ount						
		June						
1 Tox								10,636
I Tax							1	10,050
2 MTA su	rcharge						2	
Declara	tion of estimated	tax						
3 Tax							3	40,620
• Tux								
4 MTA su	rcharge						4	
Third - p	barty	Designee's name	(print)					Designee's phone number
design	ee Yes No							
(see instructio	Designee's e-m	ail address						PIN
Certificat	,	is form and any attach	ments are	to the best of	my knov	wledge and	belief true	e, correct, and complete.
	Printed name of auth		Signature of	authorized per	son		Official title	
Authorized person	E-mail address of aut						PRESII	
	BMERRIWEAT	THE RAED LUIR		IST B		FILE		79-3376 05-04-2
Paid	Firm's name (or you	t self-employed	anno	t he na	ner	filed	- this	Preparer's PTIN or SSN
preparer					-			
use only	NICOLE GO	Addres	torm	ational	pur			Y 14020-3110
(see instr.)		vidual preparing this retu				Preparer's N	IYTPRIN	Dr Excl. code Date
See instructi	NICOLE .WH ons for where to file.	TE@FREEDMAXI	CK.COM	•				03 05-04-2





Estimated Tax for Corporations

Filing made easy: File and pay electronically through *Online Services* at *www.tax.ny.gov.* See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identi	fication number		,	File no.	Return type (re	equired)			Tax year		
L **_**4	226			MM8	СТ13		Beginning (m	m-dd-yyyy) 01–23	Enc	^{ling} <i>(mm-dc</i> 12-31	1-yyyy) _ 2 3
	220			MMO	CIIS		01-	01-23		12-31	
Business telepho		State or coun	try of incorpora	tion		Date	of incorporation			nt due date	
716-856	-6525								09-	15-23	
Legal name of co	orporation					•			Foreign co business ir	porations: date NYS	began
BUFFALO	URBAN DE	VELOPM	ENT COR	PORATI	ON						
Street address or	r PO Box								For offic	e use only	
95 PERR	Y STREET,	404									
	,				State		7ID april				
City							ZIP code				
BUFFALC					NY		14203				
						_			Pa	yment enclos	ed
	able to: New Yor								14	-	
Enclose y	our payment. <i>(De</i>	etach all chec	k stubs; see ir	nstructions i	for details.)			Α		L	.3,540.
Installment	payment am	ount									
1 Tax								1		1	3,540.
· · · · · · · · · · · · · · · · · · ·											
2 MTA surchar	ge							2			
Declaration	of estimated	ltax									
Deciditation											
0 T -1											0 620
3 Tax								3		4	0,620.
4 MTA surchar	ge							4			
		Desi	~~~~	(;)					Decian		number
Third - party designee	Yes No		gnee's name	(print)					Design	ee's phone	number
(see	Designee's e-m										
instructions)		is forms and	any attach	nonto oro d	to the best of			h aliaf tur		PIN	aplata
Certification:	I certify that th				authorized per		nowledge and	Official title		t, and cor	npiete.
	RANDYE MI	•		Signature of	authorized per	3011		PRESI			
person E-m	ail address of aut	horized perso	TUDN	і риі				Telephone		Dat	
	MERRIWEA			oiNU					79-33		5 – 0 4 – 2 3 TIN or SSN
	n's name <i>(or you</i> REED MAX									P01599	383
preparer Sign	ature of individual p	reparing this re		form	ationa	l ni	City	e on	State	E ZIP code	e
	ICOLE MAN				asi ke M		Preparer's			20-313 . code Date	
	ICOLE . WH		•								- 5-04-23
See instructions for											





Estimated Tax for Corporations

Filing made easy: File and pay electronically through *Online Services* at *www.tax.ny.gov.* See Form CT-400-I, *Instructions for Form CT-400*, for assistance.

Employer identification number	,	File no.	Return type (requ	uired)		Tax year
-*4226		MM8	Ст13	Beginning	(<i>mm-dd-yyyy</i>) . – 01 – 23	Ending (mm-dd-yyyy) 12-31-23
		MMO		0.	01-23	12-31-23
	or country of incorpora	tion	C	ate of incorporatio	n	Installment due date
716-856-6525						12-15-23
Legal name of corporation						Foreign corporations: date began business in NYS
BUFFALO URBAN DEVEI	OPMENT COP	RPORAT	ION			
Street address or PO Box						For office use only
95 PERRY STREET, 40)4					
			State	ZIP code		-
City			NY	14203		
BUFFALO			INI	14203		
[Payment enclosed
A. Make payable to: New York State						·
Enclose your payment. (Detach a	ll check stubs; see ir	nstructions f	or details.)		Α	13,540
Installment payment amount						
1 Tax					1	13,540
2 MTA surcharge					2	
Declaration of estimated tax						
						T
9 Tay					3	40,620
3 Tax						107020
4 MTA surcharge					4	
Third - party	Designee's name	(print)				Designee's phone number
designee Yes No X	200.9.1000 0 114.110	(piiiii)				
(see Designee's e-mail add	Iress					
<i>instructions)</i> Certification: I certify that this form	m and any attachn	nents are t	o the best of m	v knowledge a	nd belief tru	PIN e, correct, and complete.
Printed name of authorized	-		authorized perso		Official title	· · · · · ·
Authorized BRANDYE MERRI					PRESI	DENT
Person E-mail address of authorized BMERRIWEATHE			ST BF	F-FII	Telephone $16 - 4$	number Date 79-3376 05-04-2
						<u>17 2210 02 04 2</u>
					EIN LA	Preparer's PTIN or SSN
Paid Freed Freed Max	Storm .ca	annot	t be pap	per file		
Paid Freed Freed Max	Storm .ca	annot	t be pap	per file		
Paid preparer		annot forma	t be pap	pur <mark>pos</mark>	e <u>s</u> or	





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

1 Legal name of corporation

	Payment	
	1. BUFFALO URBAN DEVELOPMENT CORPORATION enclosed 2.	
3	Return type	3. CT13
4	Employer ID number (EIN)	4. 4. 4.
5	File number (FCC)	5. MM8
6	Period beginning date (<i>mm-dd-yy</i>)	6. 01·01·22
7	Period ending date (mm-dd-yy)	7. 12-31-22
8	Amended (Y=1; N=0)	<u>8.</u> 0
9	Final (Y=1; N=0)	9.
10	NAICS code	10.
11	MTA indicator (None = 0; Y =1; N = 2; Both = 3)	11.
12	Federal 1120-H filed ($Y = 1; N = 0$)	12.
13	REIT/RIC indicator ($Y = 1$; $N = 0$)	13.
14	Tax due/MTA surcharge 14.	40,596.00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	
16	Balance due	
17	Amount of overpayment credited to next period - NYS 17.	2,904.00
18	Refund of overpayment 18.	
19	Refund of unused tax credits 19.	
20	Tax credits to be credited as an overpayment to next year's return 20.	
21	Amount of overpayment credited to next period - MTA 21.	
22	Amount of MTA surcharge retaliatory tax credit to be refunded 22.	
23	Fixed dollar minimum 23.	
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN	r
25	New York receipts 25.	
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?	
27	Paid preparer's EIN	27. ** ***1133
28	Preparer's NYTPRIN	28.
29	Excl. code	29. 03



For office use only

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BUFFALO URBAN DEVELOPMENT CORPORATION

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	
32	Total excise tax on telecommunication services	32.	
33	Tax on gross income - NYS	33.	
34	MTA surcharge related to telecommunication services	34.	
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	
36	Total MTA surcharge related to telecommunication services	36.	
37	MTA surcharge on gross income	37.	
38	Balance due - NYS	38.	
39	Balance due - MTA	39.	
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3)	40.	
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3) Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non- Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non- Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non- Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	e = 0; Y = 1; N = 2; Both = 3) 41.	
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non- Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA Refund of unused tax credits - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.	





Department of Taxation and Finance New York State E-File Authorization for Tax Year 2022 For Certain Corporation Tax Returns and Estimated Tax



Payments for Corporations

Electronic return originator (ERO)/paid preparer: Do not mail this form to the Tax Department. Keep it for your records.

Legal name of corporation BUF FALO	URBAN	DEVELOPMEN	T CORPORA	TION		
Return type (mark an X for all that apply):	CT-3	CT-3-A	CT-3-M	CT-3-S	CT-13 X	CT-33
CT-33-A CT-33-C CT-3	3-M	CT-33-NL	CT-183	CT-183-M	CT-184	CT-184-M
CT-186-E CT-300 CT-4	100					

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-N, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-C, *Captive Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return* on Gross Earnings; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

Financial institution information (required if electronic payment is authorized)

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns.* Go to our website at *www.tax.ny.gov* to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do **not** use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);* CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);* CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;* CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);* CT-5.9, *Request for Three-Month Extension to File* (for *certain Article 9 tax returns, MTA surcharge, or both);* or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return).* Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year* 2022 Corporation Tax Extensions.

•••			
1	Amount of authorized debit	1	
2	Financial institution routing number	2	
3	Financial institution account number	3	

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic tentor indicated on this 2022 electronic return, and I authorize the financial agents to initiate an electronic funds withdrawal from the account. As New York State to the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	Date
	BRANDYE MERRIWEATHER, PRESIDENT	05-04-23

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
FREED MAXICK CPAS, P.C.	FREED MAXICK CPAS, P.C.	05-04-23
Paid preparer's signature	Print name	Date
NICOLE M. WHITE	NICOLE M. WHITE	05-04-23

	NEW, CT-13		xation and Finance					
5		Uniela	ted Busir	iess I	ncome			
5	SIAIE	Tax Re	turn					
Z		Tendenn	Auticle 40		filers enter tax period ginning 01-01-2		ndina	12-31-22
F	mployer identification number (EIN)	Tax Law - /	Business telepho			<u>z</u> e	inding	If you claim an
	-*4226	MM8	716-85	6-652	5			overpayment, mark an χ in the box X
٦.	egal name of corporation	ммо	/10 03		Trade name/DBA			an χ in the box X
1	BUFFALO URBAN DEVELOPM	ENT CORPOR	MUTUN					
	Aailing address		11101		State or country of incorporatio	n		
	Care of (c/o)							
	Jumber and street or PO Box				Date of incorporation	Foreign	corporati	ons: date began business in NYS
	95 PERRY STREET, 404							
	City U.S. state/Canadiar	province ZIP/Postal co	de Country (i	f not United S	tates)	For offic	e use onl	v
1	BUFFALO, NY 14203							5
	AICS business code number (from federal return)	If you need to update		r phono in	formation	-		
F	rincipal unrelated business activity (see instructions)	for corporation tax, o	1					
	SEE STATEMENT 1		online. See Bu	siness info	prmation III			
	<u>JEE JIAIEMENI I</u>		Form CT-1.					
Fa								
	rm CT-247, Application for Exemption from	•						
	Organization - Have you filed this New Y	ork State application t	or exemption?	(see instru	ictions)			Yes No X
		to a star of a Constant in the t						
	ark an χ in this box if you are an employee							······ L
IVI2	ark an χ in this box if you ceased operating	•	•	•				
	(see section Who must file Form CT-13 in			<u></u>		<u></u>	P	ayment enclosed
	 A. Pay amount shown on line 22. Make pa Attach your payment here. Detach all c 	ayable to: New York S	tate Corporation	Tax		Α		ayment enclosed
	Attach your payment here. Detach an o	ineck stubs. (See Insti	uctions for deta	lis.)	,	A		
Co	omputation of income and tax							
-	Enderal unrelated business tayable income bef	oro pot operating loss de	duction and offer	¢1.000 ana	aifia daduation			451,062.
	Federal unrelated business taxable income bef					1		451,002.
	New York State Article 13 and Article 23							
ۍ ۸	Additions required for shareholders of fea							
4	Grossed-up taxes for shareholders of New							
5	Other additions (see instructions)					5	_	451,062.
6	Add lines 1 through 5				 T	6		451,002.
	Other income (see instructions)			7				
	Federal S corporation shareholder subtra							
	Other subtractions (see instructions)							
	Total subtractions (add lines 7, 8, and 9)							451 062
	Taxable income before net operating loss							451,062.
	New York net operating loss deduction (a							451 060
	Taxable income (subtract line 12 from line					13		451,062.
14	Allocated taxable income (multiply line 13							161 060
	from line 13 if allocation is not claimed							451,062.
	Tax based on income (multiply line 14 by							40,596.
	Minimum tax							250.00
	Tax (line 15 or line 16, whichever is larger)							40,596.
								43,500.
19	Balance (if line 18 is less than line 17, sub							
20						• 20		
21	Late filing and late payment penalties (se							
		e instructions)						
	Balance due (add lines 19, 20, and 21 and					• 21		
22		d enter here; enter the	payment amou	nt on line /	A above)	• 21	2	2,904.
22 23	Balance due (add lines 19, 20, and 21 and	d enter here; enter the 8, subtract line 17 fron	payment amou n line 18)	nt on line /	A above)	● 21 22 23	2	2,904. 2,904.

See page 3 for third-party designee, certification, and signature entry areas.



points within New York State

38 Percentage in New York State (divide line 37, column A, by line 37, column B)

42 Business allocation percentage (divide line 41 by three or by the number of percentages) Composition of prepayments claimed on line 18*

43 Payment with extension request, Form CT-5, line 5

44a Second installment from Form CT-400

44b Third installment from Form CT-400

44c Fourth installment from Form CT-400

If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

If filing an amended return, mark an χ in the box for any items that apply and attach documentation.

33 All sales of tangible personal property

34 Services performed

35 Rentals of property

36 Other business receipts

37 Total (add lines 32 through 36).....

41 Total of New York State percentages (add lines 31, 38, and 40)

•

39 Wages, salaries, and other compensation of employees

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to

31 Percentage in New York State (divide line 30, column A, by line 30, column B)

Have you been audited by the Internal Revenue Service in the past 5	Yes	No X If _{Yes,} list years:					
Federal return was filed on: 990-T X Other:			Attach a complete copy of y	our federal return.			
Schedule A - Unrelated business allocation							
If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.							
				place of business,			
		A	B				
the location, nature of activities, and number and duties of employees Average value of:	s.	A	В				
 the location, nature of activities, and number and duties of employees Average value of: 26 Real estate owned (see instructions)	3. 26	A	В				
the location, nature of activities, and number and duties of employees Average value of: 26 Real estate owned (see instructions)	3. 26	A	В				

32

33

34

35

36 37

If marked, enter date of determination:

43

44a

44b

44c

..... Form 1139 ●

40 Percentage in New York State (divide line 39, column A, by line 39, column B)

45 Amount of overpayment credited from prior years

46 Total prepayments (add lines 43 through 45; enter here and on line 18)
 * Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments.

Federal return filed

400002221019	

Amended return information

Final federal determination

Amended Form 990-T

Capital loss carryback

268431 09-26-22

%

%

%

%

%

14,500.

14,500.

14,500

43,500.

31

38

40

41

42

45

46

Amount

Date paid

06 - 07 - 22

09-12-22

12 - 13 - 22

Third - part designee (see		Designee's phone number					
instructions) Designee's email address	PIN 02010					
Certification	ertification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.						
Authorized	Printed name of authorized person BRANDYE MERRIWEATHER	Signature of authorized pers	son	Official title PRESIDENT			
person	Email address of authorized person BMERRIWEATHER@EDICANY		Telephone number Date 716-479-3376 05-04-23				
	Firm's name (or yours if self-employed) FREED MAXICK CPAS, P.C	•		Firm's EIN **-**1133	Preparer's PTIN or SSN P01599383		
Paid preparer use	Signature of individual preparing this return	Address ONE EVANS STREE		City	State ZIP code		
only	NICOLE M. WHITE	BATAVIA, NY 140	<u>JZU-</u>	3110	1		
(see instr.)	Email address of individual preparing this ret NICOLE.WHITE@FREEDMAXI		Prepare	er's NYTPRIN or Excl. co	Date 05-04-23		

See instructions for where to file.



11140504 759621 7756484

FORM CT-13 PRINCIPAL UNRELATED BUSINESS ACTIVITY STATEMENT 1

INTEREST INCOME FROM 100% OWNED RELATED ENTITY PER ELECTION 168(H)(6)(F)(II)