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 9, 2024 – 12:00 p.m. 95 Perry Street 4th Floor Vista Room

Agenda

- 1. Minutes of December 14, 2023 Meeting (Approval) (Enclosure)
- 2. Draft 2023 BUDC 990/990-T (Information) (Enclosure)
- 3. 683 Northland Tax Credit Discussion (Information)
- 4. Adjournment (Approval)

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

95 Perry Street Buffalo, New York December 14, 2023 12:00 p.m.

Call to Order:

Committee Members Present:

Committee Members Absent:

Catherine Amdur Janique S. Curry David J. Nasca Trina Burruss
Dennis M. Penman (Committee Chair)

Officers Present:

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

Others Present: Barbara Danner, Freed Maxick CPAs (via Zoom); Alexis M. Florczak, Hurwitz Fine P.C.; and Caroline Mazzone, Freed Maxick CPAs.

Roll Call – The meeting was called to order at 12:08 p.m. by Mr. Nasca. A quorum of the Committee was not present. Agenda items 2, 9 and 3 were presented first as informational items. Ms. Amdur joined the meeting during the presentation of item 9, and Ms. Curry joined the meeting during the presentation of item 3, at which time a quorum was present.

- 1.0 <u>Approval of Minutes of the October 12, 2023 Meeting</u> The minutes of the October 12, 2023 meeting of the Audit & Finance Committee were presented. Ms. Amdur made a motion to approve the meeting minutes. The motion was seconded by Ms. Curry and unanimously carried (3-0-0).
- 2.0 <u>2023 Audit Engagement Letters</u> Ms. Profic reported that staff had received audit engagement letters from Freed Maxick, and she referred the Committee to the Freed Maxick required communications letters dated November 8, 2023, copies of which were included in the Committee meeting packet.
- 3.0 <u>2023 Audit Plan Discussion</u> Ms. Profic introduced Barbara Danner and Caroline Mazzone from Freed Maxick to present the 2023 Audit Plan. Ms. Danner and Ms. Mazzone provided an overview of the audit scope, deliverables and timeline for completion of the audit process. They reviewed the respective expectations and responsibilities of the Freed Maxick audit team and BUDC. Also reviewed were 2024 developments potentially impacting BUDC operations and

financial reporting. The Committee discussed several aspects of the audit process with Ms. Danner and Ms. Mazzone, including potential audit risk areas and the audit strategy for identified risks.

- 4.0 683 Northland Avenue Extension of the KeyBank Line of Credit Ms. Gandour presented her December 14, 2023 memorandum regarding a proposed extension of the 683 Northland LLC line of credit with KeyBank. In response to questions from the Committee, Ms. Gandour noted that KeyBank offered to extend the line of credit at an administrative level for a maximum of ninety days. A further extension may be needed depending on the timing of ESD's disbursement to BUDC of the RECAP grant award, a portion of which will be utilized to repay the outstanding \$600,000 balance on the line of credit. At the conclusion of the discussion, Mr. Nasca made a motion to recommend that the BUDC Board of Directors: (i) approve a ninety (90) day extension of the term for the KeyBank line of credit; and (ii) authorize the President or Executive Vice President to execute and deliver such agreements and documents and to take such actions on behalf of 683 Northland LLC, BUDC and 683 WTC, LLC as may be reasonably necessary or appropriate to implement this action. The motion was seconded by Ms. Amdur and unanimously carried (3-0-0).
- 5.0 683 Northland Project Inter-Company Transactions Ms. Profic presented her December 14, 2023 memorandum regarding proposed modifications to the inter-company transactions for Phase II of the 683 Northland project. Ms. Profic explained that these modifications are necessary in order to facilitate the repayment of the 683 Northland LLC line of credit with the RECAP grant funding being made available to BUDC. Following a discussion regarding the proposed modifications, Ms. Amdur made a motion to recommend that the BUDC Board of Directors: (i) approve an amendment to the Phase II Subrecipient Agreement between BUDC and BBRC to increase the grant to BBRC by an amount not-to-exceed \$30,000.00; (ii) approve an amendment to the Phase II Promissory Note to increase the principal balance of the note by the not-to-exceed amount of \$570,000.00; and (iii) authorize the President or Executive Vice President of BUDC to execute the amendments and such other documents on behalf of BUDC and 683 WTC, LLC, and to take such other actions as are necessary and appropriate to implement this authorization. The motion was seconded by Ms. Curry and unanimously carried (3-0-0).
- 6.0 Loan from BBRC to BBRC Land Company I, LLC Ms. Profic reported that the BBRC Board of Directors approved an amendment to the Phase II subrecipient agreement between BUDC and BBRC to increase the grant to BBRC by an amount not to exceed \$30,000.00 and to amend its promissory note by the same not to exceed amount.
- 7.0 2024 Cammarata Consulting, LLC Agreement Ms. Gandour presented her December 14, 2023 memorandum regarding a proposed consulting agreement with Cammarata Consulting, LLC. Mr. Nasca made a motion to approve BUDC entering into a consulting agreement with Cammarata Consulting, LLC at an hourly rate of \$100.00 per hour, with total payments not to exceed \$15,000 and to authorize the President or Executive Vice President to execute the consulting agreement and take such actions as may be necessary to implement this action. The motion was seconded by Ms. Curry and unanimously carried (3-0-0).
- 8.0 2024 Bisonwing Planning and Development, LLC Agreement Ms. Gandour presented December 14, 2023 memorandum regarding a proposed consulting agreement with Bisonwing Planning and Development, LLC. Mr. Nasca made a motion to approve BUDC entering into a consulting agreement with Bisonwing Planning and Development, LLC at an hourly rate of \$100.00 per hour, with total payments not to exceed \$15,000 and to authorize the President or Executive Vice President to execute the consulting agreement and take such actions as may be necessary to implement this action. The motion was seconded by Ms. Curry and unanimously carried (3-0-0).
- 9.0 <u>Miscellaneous Funding Source Update</u> Ms. Merriweather presented an update regarding miscellaneous funding sources. BUDC staff recently met with the City staff regarding the \$1.2

million in American Rescue Plan funding. The City is prepared to move forward with providing funding to BUDC. BUDC anticipates submitting an invoice to the City this week for the full \$1.2 million tranche of funding. In response to a question from Mr. Nasca, Ms. Merriweather noted that approximately \$300,000 of the funding will be used for Covid-19 cost recovery. The remaining funding will be allocated to Race for Place programming and administrative expenses incurred by BUDC for program delivery. Ms. Gandour alo reported that BUDC staff has established the Imprest account for the ESD RECAP grant funding.

10.0 Adjournment – There being no further business to come before the Committee, the December 14, 2023 meeting of the Audit & Finance Committee was adjourned at 1:10 p.m.

CLIENT'S COPY

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

MAY 1, 2024

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

DEAR BOARD OF DIRECTORS:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURNS AND 2024 ESTIMATED TAX WORKSHEETS, AS FOLLOWS...

2023 FORM 990

2023 FORM 990-T

2024 FEDERAL ESTIMATED TAX WORKSHEET - FORM 990-T

2023 NEW YORK FORM CT-13

2024 NEW YORK ESTIMATED TAX INSTALLMENTS - FORM CT-13

2023 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.

2024 ESTIMATED TAX FILING INSTRUCTIONS

FORM 990-W

FOR THE YEAR ENDING DECEMBER 31, 2024

PR	FP.	ΔR	ED	FO.	R٠

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	\$ 104,000
LESS CREDIT FROM PRIOR YEAR	\$ 3,158
LESS AMT ALREADY PAID ON 2024 ESTIMATE	\$ 0
BALANCE DUE	\$ 100,842

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT		DUE DATE
NO 1	\$	22,842	APRIL 15, 2024
NO 2	\$ 	26,000	JUNE 17, 2024
NO 3	\$	26,000	SEPTEMBER 16, 2024
NO 4	\$	26,000	DECEMBER 16, 2024

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:

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING DECEMBER 31, 2023

P	R	F	P	Δ	R	F	D	F	1	R	

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:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

MAY 15, 2024

SPECIAL INSTRUCTIONS:

THE RETURN SHOULD BE SIGNED AND DATED.

PLEASE NOTE:

BEGINNING JANUARY 1, 2024, UNDER THE CORPORATE TRANSPARENCY ACT (CTA), MANY TAXPAYERS (IE CORPORATIONS, PARTNERSHIPS, TRUSTS, SOLE PROPRIETORS, ETC) MAY BE REQUIRED TO REPORT BENEFICIAL OWNERSHIP INFORMATION TO THE FINANCIAL CRIMES ENFORCEMENT NETWORK (FINCEN). THE CTA INCLUDES STRICT FILING DEADLINES AND PENALTIES. (SEE https://www.fincen.gov/boi AND <a href="https://www.fincen.gov/boi AND <a href="https://www.fi

THESE FILINGS WILL NOT BE PREPARED BY FREED MAXICK AS THEY MAY CONSTITUTE THE UNLICENSED PRACTICE OF LAW AND YOU SHOULD CONSULT YOUR LEGAL COUNSEL REGARDING THIS MATTER. PLEASE VISIT FREEDMAXICK.COM FOR MORE INFORMATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR FREED MAXICK TAX ADVISOR.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

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 DUE OR REFUND:

OVERPAYMENT OF \$3,158. 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

PLEASE NOTE:

BEGINNING JANUARY 1, 2024, UNDER THE CORPORATE TRANSPARENCY ACT (CTA), MANY TAXPAYERS (IE CORPORATIONS, PARTNERSHIPS, TRUSTS, SOLE PROPRIETORS, ETC) MAY BE REQUIRED TO REPORT BENEFICIAL OWNERSHIP INFORMATION TO THE FINANCIAL CRIMES ENFORCEMENT NETWORK (FINCEN). THE CTA INCLUDES STRICT FILING DEADLINES AND PENALTIES. (SEE https://www.fincen.gov/boi AND BOI FREQUENTLY ASKED QUESTIONS FOR MORE INFORMATION).

THESE FILINGS WILL NOT BE PREPARED BY FREED MAXICK AS THEY MAY CONSTITUTE THE UNLICENSED PRACTICE OF LAW AND YOU SHOULD CONSULT YOUR LEGAL COUNSEL REGARDING THIS MATTER. PLEASE VISIT FREEDMAXICK.COM FOR MORE INFORMATION.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR FREED MAXICK TAX ADVISOR.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury

inte	rnai Re	Venue Service GO to WWW.II 3.90 VI GITTISSO TO THIS LIGHT LINE I	atest iiiioii	nation.	Inspection
A	For t	he 2023 calendar year, or tax year beginning and end	ling		
В	Check applica	able:	D	Employer identif	ication number
	Add	BUFFALO URBAN DEVELOPMENT CORPORATION			
	Nan cha	nge Doing business as		**-***42	26
	Initia	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite E	Telephone numbe	er
	Fina	m/ JJ FERRI BIREEI	4	716-856-	6525
	term	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$	32,541,280.
	retu		H(a	a) Is this a group r	eturn
	App tion pend	F Name and address of principal officer: BRANDIE MERKIWEATHER		for subordinates	s? Yes X No
		SAME AS C ABOVE	H(t	Are all subordinates i	ncluded? Yes No
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	·	list. See instructions
	Webs			Group exemption	
E-11	art I		L Year of for	mation: 1978	M State of legal domicile; NY
	T		n miris 1	TODAN ECO	NONTO
e e	1	Briefly describe the organization's mission or most significant activities: SUPPORT DEVELOPMENT EFFORTS OF THE REGION THROUGH TI			
an	2	Check this box if the organization discontinued its operations or disposed o			
Ver	3	Number of voting members of the governing body (Part VI, line 1a)		- I	19
g	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
ග්	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			4
itie	6	Total number of volunteers (estimate if necessary)			19
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	521,873.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			477,615.
		/A V	F	Prior Year	Current Year
a	8	Contributions and grants (Part VIII, line 1h)	. 8	,056,896.	31,596,675.
nua	9	Program service revenue (Part VIII, line 2g)		132,847.	132,487.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		99,788.	670,797.
-	117	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		151,560.	
-	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		,441,091.	32,541,280.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		,044,295.	26,468,084.
	15	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		384,459.	442,319.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	442,319.
Sen	h	Total fundraising expenses (Part IX, column (D), line 25)		- 0.	
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		709,879.	6,156,248.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		138,633.	33,066,651.
		Revenue less expenses. Subtract line 18 from line 12		697,542.	-525,371.
P 29				g of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)	135,	361,384.	185,671,246.
		Total liabilities (Part X, line 26)		441,805.	105,277,038.
Ne se		Net assets or fund balances. Subtract line 21 from line 20	80,	919,579.	80,394,208.
-	rt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and s		-	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer has ar	iy knowledge.	
Cia-		Signature of officer		Date	
Sign Here		BRANDYE MERRIWEATHER, PRESIDENT		Duto	
пет	=	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid		NICOLE M. WHITE NICOLE M. WHITE	05/0	1/24 if self-employe	
Prep		Firm's name FREED MAXICK CPAS, P.C.	1.0,0		*-***1133
Use (Firm's address ONE EVANS STREET		, J Lin	
_		BATAVIA, NY 14020-3110		Phone no.585	5-344-1967
Мау	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

X Yes No Form 990 (2023)

Form 990 (2023) BUFFALO URBA
Part IV Checklist of Required Schedules

			Yes	No
1	but the state of t			
	If "Yes," complete Schedule A	1	X	
2	Control of	2	X	
3	and the state of t			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	The state of the s			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8				
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			_
	assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VII	11b		x
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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		X
	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	-		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
			222	

332003 12-21-23

Form 990 (2023) BUFFALO URBAN DEVE

			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	\perp	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
04	Schedule J	23	-	X
248	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	1	
	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_	X
	Did the organization milest any process of tax-exempt borius beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	+
	any tax-exempt bonds?	240		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	_	\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	_	\vdash
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	x
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		1	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		1	
	Schedule L, Part I	25b	1	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%		1	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		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):			4
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			٠,,
h	"Yes," complete Schedule L, Part IV	28a	-	X
c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		
Ĭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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	25		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	_		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
37	If "Yes," complete Schedule R, Part V, line 2	36	-	<u>X</u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31	_	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		ji	
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_	
	(gambling) winnings to prize winners?	1c	X	
32004	12-21-23	Form 9	990 (2	2023)

		27 W		Yes	No
22	The state of the s				
	filed for the calendar year ending with or within the year covered by this return	2a 4		E II	100
k		ns?	2b	X	
38	g g		За	X	_
k	in the to line ob, provide an explanation on schedule	0	3b	Х	_
4a	, and the second				
	financial account in a foreign country (such as a bank account, securities account, or other financial activities account activities activit	ccount)?	4a	_	X
	If "Yes," enter the name of the foreign country				
E -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac		100		77
5a b	by the property of the control of th		5a		X
C	If November 2 and 19 an		5b	-	Х
6a			5c		
-	any contributions that your matter and distributions that the same is the same of the same	-			х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or gifte	6a		
_		_	6b		
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	UD	77.	
а		ices provided to the payor?	7a		х
	If "Voc." did the experientian positive dense of the value of the second as a second second in the desertion	provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
d		7d			
е	The state of the s	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a	_	_
			9b	_	
10	Section 501(c)(7) organizations. Enter:	71			
		10a			
р 1		10b			
	Section 501(c)(12) organizations. Enter:	Y			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a		- 1	
U		441			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b	10-	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	ŀ	13a		_
	Note: See the instructions for additional information the organization must report on Schedule O.			\neg	\neg
b	Enter the amount of reserves the organization is required to maintain by the states in which the			- 1	
	The state of the s	13b			
C		13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	o	14b		
5	ls the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerat	ion or			
	excess parachute payment(s) during the year?		15		X_
	If "Yes," see the instructions and file Form 4720, Schedule N.	L			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	come?	16	_	X_
	If "Yes," complete Form 4720, Schedule O.	L	_	_	
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activ				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		\neg
	If "Yes," complete Form 6069.			100 (0)	

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 19			
	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	TD 22			18
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
_	officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	and position to dioc of appoint one of	_		
h	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	l		v
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X
_			v	_
b	The governing body? Each committee with authority to act on behalf of the governing body?	8a	X	_
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	<u> </u>	_
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		Δ
	(mis Section B requests information about policies not required by the internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	162	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
	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 before filing the form?	11a	х	
b	46-474-17-15 NO			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		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.			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed NY	_		_
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	vailable	è
•	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the translation of the second secon	inanci	al	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records MOLLIE PROFIC - (716)856-6525			
	95 PERRY STREET SUITE 404, BUFFALO, NY 14203			_
_	Parient Potte for Dotterno' MT 74703			

332006 12-21-23

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 (A)	(B)			- (4	C)			(D)	(E)	(F)
Name and title	Average			Pos	sition	1		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	\vdash	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	=	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	nstee	trust		28	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization
	below	ltal tr	fional		훒	yee		1099-NEO)		and related organizations
	line)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	All of		organizations
(1) BRANDYE MERRIWEATHER	37.50	Ī	-	Ť	Ť		5-0	No.		
PRESIDENT	0.25			x		1		124,484.	0.	24,706.
(2) REBECCA GANDOUR	37.50					Т	V	All I		22,7000
EXECUTIVE VICE PRESIDENT	0.25			x	83	1		107,344.	0.	37,834.
(3) MOLLIE PROFIC	9.00			76		30		Y		0.,001.
TREASURER	0.25			X		611	1	0.	0.	0.
(4) KEVIN ZANNER	7.25		1		15					
SECRETARY	0.25	2	-	X		190		0.	0.	0.
(5) HON. BYRON BROWN	1.00	6								
CHAIRMAN		x	10	X				0.	0.	0.
(6) DENNIS PENMAN	1.00			1						
DIRECTOR	0.25	X	i	i		i	i	0.	0.	0.
(7) CATHERINE AMDUR	1.00	_								
DIRECTOR		X,	- 1	-		-	-1	0.1	0.	0.
(8) DOTTIE GALLAGHER	1.00									
DIRECTOR		X,	- 1	-1	-	- 1	-1	0.,	0.	0.
(9) JANIQUE CURRY	1.00	•	-	-				•		
DIRECTOR		X	- 1	- 1	_	-1	- 1	0.,	0.	0.
(10) DENNIS ELSENBECK	1.00		_ '	='	_	-	-			
DIRECTOR		Х,	-1				= 6	0.,	0.	0.
(11) DARBY FISHKIN	1.00	_	- 1					1		
DIRECTOR		Х,						0.,	0.	0.
(12) THOMAS KUCHARSKI	1.00		-1	_		- 1				
DIRECTOR	0.25	Х.					-	0.	0.	0.
(13) BRENDAN MEHAFFY	1.00			_				1		
DIRECTOR	0.25	X				C		0.	0.	0.
(14) KIMBERLEY MINKEL	1.00	-	-1	-	- 1		1			
DIRECTOR		X						0.	0.	0.
(15) DAVID NASCA	1.00	T.	Ţ	-1	- 1	-1	-1			
DIRECTOR		X						0.	0.	0.
(16) TRINA BURRUSS	1.00	П	Ţ	- 1	- J	ı	- 1			
DIRECTOR		X						0.	0.	0.
(17) THOMAS HALLIGAN	1.00	1	Ĩ	1	Į.	Ţ	-1			
DIRECTOR		X						0.	0.	0.

332007 12-21-23

(A)
Name and business address

HURWITZ & FINE, P.C.

1300 MAIN STREET, BUFFALO, NY 14202

ATTORNEY SERVICES

127,733.

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

Form 990 (2023) BUFFALO
Part VIII Statement of Revenue

			Check if Schedule O	conta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 51
\$ 1	2	1 a	Federated campaigns			1a		275 M-321 E-1			EBSTMS!
Contributions, Gifts, Grants	Ę	b				1b		1000	TAKE IN THE		
S,	ğ	C	Fundraising events			1c					18 (25)
# i		d			- 1	1d		1 1 1 1 1 1 1			
S,		е	Government grants (cont	ributio	ns)	1e	793,708.				
io i	9	f	All other contributions, gifts,	, grants	, and				1 2 3 W S	District 12	
par	ä		similar amounts not included	d above	L	1f	30,802,967.		1-1-1	1 2 - 1	
E 9	3	g	Noncash contributions included in	lines 1a	-1f	1g \$		THE WEST	MARKANINA DI	V.	Shirt Santa
0	_	h	Total. Add lines 1a-1f					31,596,675.		Se distant	
			,				Business Code			U.S. STATE	E- 55 118
ø	2	a	LOAN INTEREST & COM	MITME	ENT FI	EES	525990	96,664.	96,664.		
ž,		b	BROWNFIELD REDEVELO	PMENT	?		522292	35,823.	35,823.		
S		C									
am		d							A		
Program Service	1	е							Alex.		
مَ		f	All other program service	revenu	ue			135	The second		
	_	g	Total. Add lines 2a-2f		******			132,487.	EXPLOY ALY		
	3		Investment income (include	ding di	videnc	ls, intere	est, and	670,797.	AF .	521,873.	148,924.
	4		Income from investment of					Alleran	E		
	5		Royalties					18-30	tu i		
					(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a	9	1,360.		APPA TE			
		b	Less: rental expenses	6b		0.					
		С	Rental income or (loss)	6c	9	1,360.	4	All All Avenue			
		d	Net rental income or (loss))			4	91,360.	91,360.		
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other	0			Y
			assets other than inventory	7a			€-	19			
		b	Less: cost or other basis				900	3"			
9			and sales expenses	7b							
Ver		C	Gain or (loss)	7c							
8		d	Net gain or (loss)								
Other Revenue	8		Gross income from fundraisin including \$	ig even	ts (not o						
- 1			contributions reported on I	line 1c). See						
- 1			Part IV, line 18			. 8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from for	undrai	sing e	vents			HELLIN S		
- 1	9		Gross income from gaming								
- 1			Part IV, line 19								
- 1	-	b	Less: direct expenses			9b		Land St.			
			Net income or (loss) from g			ties					
	10 :		Gross sales of inventory, le								
			and allowances								
- 1	I	b	Less: cost of goods sold			10b					
-	_	C	Net income or (loss) from s	ales of	f inven	tory					
,							Business Code				
Revenue	11 a	a (OTHER INCOME				900099	49,961.	49,961.		
ent	ł	b ,									
<u>ge</u>		0									
2 "			All other revenue								
<u> </u>			Takal Add linon 11a 11d					49,961.			
			Total. Add lines 11a-11d . Total revenue. See instruction					32,541,280.			

_	Check if Schedule O contains a responsational visit of the contains a responsational visit of th	nse or note to any line i		(C)	/P)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	26,468,084	26,468,084.	A SHARE WELL AND A	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			SEVEN A	September 1
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			america de la Companya del Companya de la Companya de la Companya del Companya de la Companya de	Syphen Street
4	Benefits paid to or for members				THE POST AND
5	Compensation of current officers, directors,	200 054	200 054		
_	trustees, and key employees	329,274.	329,274.		
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		, Kili		
8	Pension plan accruals and contributions (include	25 242	2.4		
	section 401(k) and 403(b) employer contributions)	35,818.		Die.	
9	Other employee benefits	52,024.		1,758.	
0	Payroll taxes	25,203.	25,203.		
1	Fees for services (nonemployees):				
а	Management	87,262.			
b	Legal	116,281.		35,800.	
С	Accounting	20,851.	10.07	20,851.	
d	Lobbying		Na Va.		
	Professional fundraising services. See Part IV, line 17		AREA VOICE		
	Investment management fees	160	9		
	Other. (If line 11g amount exceeds 10% of line 25,		40		
	column (A), amount, list line 11g expenses on Sch O.)	4,271,584.		11,592.	
	Advertising and promotion	24,092.		18,405.	
3	Office expenses	307.		307.	
1	Information technology	920.		920.	
	Royalties				
	Occupancy	1,064,041.	1,016,910.	47,131.	
	Travel	4,209.		4,209.	
	Payments of travel or entertainment expenses			1	
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	4,509.	142.	4,367.	
	Interest	29,093.		29,093.	1
	Payments to affiliates	DA			
	Depreciation, depletion, and amortization	79,786.		79,786.	
	Insurance	155,688.	79,589.	76,099.	
. (Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If	V			
1	line 24e amount exceeds 10% of line 25, column (A),				
â	amount, list line 24e expenses on Schedule 0.)	444 000			
	UBIT TAX	144,820.	420.000	144,820.	
	GRANT APPLICATION FEES	130,022.	130,022.	40.41	
	MEALS	12,100.	1,958.	10,142.	
	DUES AND SUBSCRIPTIONS	6,454.		6,454.	
	All other expenses	4,229.	20 550	4,229.	
	Total functional expenses. Add lines 1 through 24e	33,066,651.	32,570,688.	495,963.	0
	loint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined	1	1		
е	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)	1			

332010 12-21-23

FC	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	Lisa of year
	2	Savings and temporary cash investments	•••••	•••••••	24,054,367.		16,835,46
	3	Pledges and grants receivable, net		***************************************	32,183,206.	3	89,350,02
	4	Accounts receivable, net	• • • • • • • • • • • • • • • • • • • •	***************************************	32/103/2001	4	05,550,02
	5	Loans and other receivables from any current or					EXTERNOS DE LE
		trustee, key employee, creator or founder, substi					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi	-	***************************************	THE PURPLE AND IN	1	The Land of the
		under section 4958(f)(1)), and persons described				6	
(s)	7	Notes and loans receivable, net			61,853,679.	7	61,853,67
Assets	8	Inventories for sale or use				8	02/000/07
As	9	Draw and a company and all forms of all and a con-			5,691,912.	9	5,177,17
	10a	Land, buildings, and equipment: cost or other		***************************************		711	7-1-1-1
		basis. Complete Part VI of Schedule D	10a	9,829,922.	4 - 2 - 3 - 3 - 3		
	b	Less: accumulated depreciation	10b	354,695.	9,191,079.	10c	9,475,22
	11	1		-1/**	Allin.	11	, , , , , , , , , , , , , , , , , , , ,
	12	Investments - other securities. See Part IV, line 11	1		4 All	12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			All	14	
	15	Other assets. See Part IV, line 11			2,387,141.	15	2,979,678
	16	Total assets. Add lines 1 through 15 (must equal	l line 33)	135,361,384.	16	185,671,246
	17	Accounts payable and accrued expenses	212,235.	17	521,814		
	18	Grants payable				18	
	19	Deferred revenue			53,859,820.	19	104,385,474
	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D		21	
8	22	Loans and other payables to any current or forme				-	
		trustee, key employee, creator or founder, substat					
		controlled entity or family member of any of these		***************************************		22	
١,	23	Secured mortgages and notes payable to unrelate			369,750.	23	369,750
-	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya				- 1	
-		parties, and other liabilities not included on lines 1	7-24). (Complete Part X		- 1	
-		of Schedule D	•••••		F4 444 00F	25	107 077
+	26	Total liabilities. Add lines 17 through 25		[V]	54,441,805.	26	105,277,038
.		Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33.	here	X			
1	27			+	77 510 240	0	00 160 400
	28	Net assets without donor restrictions	•••••		77,510,340.	27	80,160,428
1		Net assets with donor restrictions Organizations that do not follow FASB ASC 958			3,409,239.	28	233,780
		and complete lines 29 through 33.	, cneci	nere		194	
		Capital stock or trust principal, or current funds		ŀ	N -3 7 1 1	00	
	2 9 30	Paid-in or capital surplus, or land, building, or equi	nment:	fund		29	
		Retained earnings, endowment, accumulated inco				30	
		Total net assets or fund balances			80,919,579.	31	80,394,208
							011 374 /118

TOTAL SOURCE STATE OF THE STATE	COILL OIGHT TOIL	~ 4240	Pa	age 🖊
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Par	1XI			
		32,54		
Total expenses (must equal Part IX, column (A), line 25)	2	33,06		
3 Revenue less expenses. Subtract line 2 from line 1	3			71.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32,		80,91	9,5	79.
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				
column (B))		80,39	4,2	08.
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part	t XII			X
			Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accounting	rual Other	- 1		
If the organization changed its method of accounting from a prior year or cher	cked "Other," explain on Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an inde	2007	2a		X
If "Yes," check a box below to indicate whether the financial statements for the		9.64		444
separate basis, consolidated basis, or both:				
Separate basis Consolidated basis Both consolidated	ated and separate basis			Hile-
b Were the organization's financial statements audited by an independent according		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the	ne year were audited on a separate basis.		31.5	1977
consolidated basis, or both:			3	
Separate basis X Consolidated basis Both consolidated	ated and separate basis	170		
c If "Yes" to line 2a or 2b, does the organization have a committee that assume				
review, or compilation of its financial statements and selection of an independ		2c	x	
If the organization changed either its oversight process or selection process d			-	
3a As a result of a federal award, was the organization required to undergo an au				
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 organ	nization did not undergo the required audit	Ga	_	
or audits, explain why on Schedule O and describe any steps taken to undergo		3b	- 1	
The second of th	- vacin addition in the state of the state o	Form	200	2000

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
BUFFALO URBAN DEVELOPMENT CORPORATION

Employer identification number **-***4226

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975, See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization lister (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Yes No

Total

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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				1 '7	10/	11/10101
	membership fees received. (Do not	J.			1		
	include any "unusual grants.")	20799634.	8816375.	4425140.	8056896.	31596675.	73694720.
2	Tax revenues levied for the organ-						700317201
	ization's benefit and either paid to	1	ľ				
	or expended on its behalf	298,920.	171,903.	40,821.	36,183.	35,823.	583,650.
3	The value of services or facilities				30,200	00,025	303,0301
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21098554.	8988278.	4465961.	8093079	31632498.	7/279270
5		=1070331.	03002701	4403301.	0033073.	31032490.	74270370.
·	by each person (other than a		-	The state of the s			
	governmental unit or publicly						
	supported organization) included				Ab		
	on line 1 that exceeds 2% of the		1 4 4		ac .		
	amount shown on line 11,			6			
	column (f)				40		
-	Public support. Subtract line 5 from line 4.						74070270
	etion B. Total Support			- 18 A			74278370.
		(=) 0010	#10000	(1) 0004	/ IL 0000	4 1 0000	
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019 21098554.	(b) 2020 8988278.	(c) 2021 4465961.	(d) 2022	(e) 2023 31632498.	(f) Total
		21090334.	0300270.	4403901.	0093079.	31032496.	74278370.
0		1 1		100	ľ		
	dividends, payments received on		1	V P			
	securities loans, rents, royalties,	360,984.	472 407	E40 721	E40 200	670 707	0504204
_	and income from similar sources	300,304.	4/4,40/.	549,731.	540,392.	670,797.	2594391.
9	Net income from unrelated business		4773				
	activities, whether or not the		1				
	business is regularly carried on		-53 1				
10	Other income. Do not include gain		1				
	or loss from the sale of capital		-			1	
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						76872761.
	Gross receipts from related activities,	•	,			12	
	First 5 years. If the Form 990 is for th		st, second, third, fo	ourth, or fifth tax ye	ear as a section 50)1(c)(3)	_
	organization, check this box and stop						
	tion C. Computation of Publi						
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, co	olumn (f))		14	96.63 %
15	Public support percentage from 2022	Schedule A, Part II	, line 14			15	97.10 %
	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies a	as a publicly suppo	rted organization				X
	33 1/3% support test - 2022. If the o						
	and stop here. The organization quali	fies as a publicly su	ipported organizat	ion		***************************************	
	10% -facts-and-circumstances test						
	and if the organization meets the facts					I how the organiza	tion
	meets the facts-and-circumstances tes						
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation, If the organization	did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	
				With the second			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 BUFFALO URBAN DEVELOPMENT CORPORT III Support Schedule for Organizations Described in Section 509(a)(2)

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

9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is 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, 10a, 11, and 12) 14 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 17 9/18 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage for 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, support tests - 2022. If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Cal	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
include any "unusual grants.") Gross recipits from admissions, merchandiss sold or services performed, or desirties familised in any activity that is related to the organization's tax-exempt purpose Gross recipits from activities that are not an unrelated trade or business under section 513. 4 Tax revenues leviad for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be a facilities of the organization without charge. 6 Total. Add lines 1 through 5 to fine services of the organization without charge. 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons be a facilities of the organization of the services of the organization without charge of the organization of the services of the organization than disqualified persons be a facilities of the organization of the services of the organization of the services of the organization of the organ	1	Gifts, grants, contributions, and						
merchandise sold or services per- formed, of Scillites furnished in any activity that is related to the organization's bareverment purpose 3 Gross receipts from activities that are not an unrelated trade or bus inness under section 513 4 Tax revenues levied for the organ- ization's barefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 5 The value of services or facilities furnished by a governmental unit to the organization without change 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts formed related services from 4 the department of the control of the contro								
are not an unrelated trade or business under section 513 1 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 A Amounts included on lines 1, 2, and 3 received from disqualified persons but manufaction of the disqualified persons but harmate included on lines 1, 2, and 3 received from disqualified persons but harmate included on lines 2 and 1 services the service of the s	2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
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furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b. Amounts included on lines 1, 2, and 3 received from disqualified persons b. 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 seamount on line 4 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount on line 6 for the disqualified persons that seamount of the d	5						-	
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b Amounts included on line 2 and 3 received from their term disqualifier persons that second the greater of \$6,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b 8 Public support. Signature (2 total line 1) 8 Public support. Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross income from interest. dividends, payments received on securities loans, rents, soyalties, and income from similar sources. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business acquired and 10b, whether or not the business is regularly carried on 12 Other income, Do not include gain or loss from the sale of capital assests (Explain in Part VI). 13 Total support, (Add lines, 10c. 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage from 2022 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2022 Schedule A, Part III, line 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2022. If the organization idd not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization dualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and stop here. The organization dualifies as a publicly supported organization in line 18 is not more than 33 1/3%, check this box and sto	7a	Amounts included on lines 1, 2, and			45.7			
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9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 120 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage form 2022 Schedule A, Part III, line 15 16 Yeb Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19 Agd 13 /13% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization				160				
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Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
	0 F	Private foundation. If the organization	did not check a bo	ox on line 14, 19a,	or 19b, check this	box and see insti	ructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
3a	EURIS!	
	1287	
3b		
3c	Tuni)	<u>.</u>
100	7,530	2.5
4a	732	
2963		
4b		Fit:
4c		
5a		
5b		
5c		_
6		_
7		_
8		
9a		_
9b	-	
9c	-	
40		
10a		
10b		

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332025 12-21-23

Schedule A (Form 990) 2023

	edule A (Form 990) 2023 BUFFALO URBAN DEVELOPMEN			**-***4226 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (<i>explain ir</i>	Part VI). See instructions.
_	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E.	
Sec	tion 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):		_B	
а	Average monthly value of securities	1a	Althou	
b	Average monthly cash balances	1b	J. William	
С	Fair market value of other non-exempt-use assets	1c	, W	
d	Total (add lines 1a, 1b, and 1c)	1d	A.	
е	Discount claimed for blockage or other factors	70	Ken herman terms	A ALBERT THE PARTY
	(explain in detail in Part VI):			1000000
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		1
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2	MILITED ASSESSMENT	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	FILL FILE TAY IN	
	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			1
	emergency temporary reduction (see instructions)	اءا		B

Schedule A (Form 990) 2023

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

instructions).

Schedule A (Form 990) 2023

c Excess from 2021d Excess from 2022e Excess from 2023

Schedule A	(Form 990) 2023	BUFFALO URBAN	DEVELOPMENT	CORPORATION	**-***4226	Page 8
Part VI	line 1; Part IV, Section E Section D, lines 5, 6, an	rmation. Provide the expla 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 0, lines 2 and 3; Part IV, Sectio d 8; and Part V, Section E, line	9b, 9c, 11a, 11b, and 11 n E, lines 1c, 2a, 2b, 3a,	ic; Part IV, Section B, lines and 3b; Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section V. Section B. line 1e: Pa	C.
	(See instructions.)					
				A		
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				SLR.		
			ALL VE			
			V-li			

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

BUFFALO URBAN DEVELOPMENT CORPORATION

Employer identification number

Schedule B (Form 990) (2023)

1	BUFFALO URBAN DEVELOPMENT CORPORATION	**-***4226
Organization type (check	cone):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	E to	
Check if your organization	is covered by the General Rule or a Special Rule.	
	c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.
Owner, Duty	As a second	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling s y one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special Rules		
sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) For, line 1. Complete Parts I and II.	that received from any one
	on described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from an	
	g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scie	
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (ent b) instead of the contributor name and address), II, and III.	ering
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an exclusively for religious, charitable, etc., purposes, but no such contributions totaled mornere the total contributions that were received during the year for an exclusively religious, mplete any of the parts unless the General Rule applies to this organization because it rece, etc., contributions totaling \$5,000 or more during the year	e than \$1,000. If this box charitable, etc., ceived <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forn 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, P g requirements of Schedule B (Form 990).	

LHA 323451 12-26-23

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

Name of o	organization		Employer identification number
BUFFA	LO URBAN DEVELOPMENT CORPORATION		**-***4226
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	RALPH C. WILSON JR. FOUNDATION 3101 E. GRAND BLVD DETROIT, MI 48202	\$_30,112,90	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			Person Payroll Noncash (Complete Part II for I noncash contributions.)
(a) I No.	(b) Name, address, and ZIP + 4	(c) Total contributions	
 		\$	Person I Payroll Noncash I (Complete Part II for noncash contributions.)
23452 12-26-2	3		Schedule B (Form 990) (2023)

Name of organization

Employer identification number

-*4226

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if 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
 1			ı
111		\$	1
(a) No. I from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
i			ı
I .		\$	1
(a) I No. rom I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) I Date received
T.			1

URBAN DEVELOPMENT CO clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a pleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional (b) Purpose of gift	tions to organizations described in s a) through (e) and the following line en charitable, etc., contributions of \$1,000 or	** - * * 4226 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year. (Enter this info. once.) (d) Description of how gift is held
		(d) Description of how gift is held
		(a) Section of now girl is field
Transferee's name, address, a	(e) Transfer of gi	ft Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, an	(e) Transfer of gift	Relationship of transferor to transferee
	(b) Purpose of gift Transferee's name, address, and (b) Purpose of gift Transferee's name, address, and (b) Purpose of gift	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (e) Transfer of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BUFFALO URBAN DEVELOPMENT CORPORATION

Employer identification number **-***4226

P	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line	d Funds or Oth e 6.	er Similar Funds	or Accoun	ts. Complete if the
		(a) Donor a	dvised funds	(b) Fund	ds 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 w	riting that the asse	ts held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	xclusive legal conti	ol?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing the	it grant funds can be	used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or fo	or any other purpose	conferring	
	impermissible private benefit?				Yes No
Pa	Conservation Easements. Complete if the organic	anization answered	"Yes" on Form 990,	Part IV, line 7.	
1			oly).		
	Preservation of land for public use (for example, recreati	on or education)	Preservation of	f a historically i	mportant land area
	Protection of natural habitat		Preservation of	f a certified hist	oric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation cor	tribution in the form	of a conservati	on easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	1
b	Total acreage restricted by conservation easements			2b	
C	Number of conservation easements on a certified historic struc	ture included on lir	e 2a	2c	
d	Number of conservation easements included on line 2c acquire				
	on a historic structure listed in the National Register		·····	2d	
3	Number of conservation easements modified, transferred, release	ased, extinguished,	or terminated by the	organization d	uring the tax
	year				
4	Number of states where property subject to conservation ease				
5	Does the organization have a written policy regarding the period		ection, handling of		
	violations, and enforcement of the conservation easements it h		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations	, and enforcing cons	ervation easem	ents during the year
_					
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and	enforcing conservati	ion easements	during the year
	December 2011				
8	Does each conservation easement reported on line 2d above sa				
0	and section 170(h)(4)(B)(ii)?			• • • • • • • • • • • • • • • • • • • •	Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	e to the organizatio	n's financial stateme	nts that describ	pes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of A	rt Historical T	reacures or Oth	or Cimilar	Annata
	Complete if the organization answered "Yes" on Form 98		reasures, or our		455615.
1a	If the organization elected, as permitted under FASB ASC 958,			al balance at a	
	of art, historical treasures, or other similar assets held for public	evhibition educati	evenue statement an	u balance snee	et works
	service, provide in Part XIII the text of the footnote to its financia	exhibition, educati	on, or research in tur	merance or put	DHC
	If the organization elected, as permitted under FASB ASC 958,				auto of
-	art, historical treasures, or other similar assets held for public ex	hibition education	or received in further	uance sneet wo	orks of
	provide the following amounts relating to these items.	monton, education	or research in luttile	rance or public	service,
	(i) Revenue included on Form 990, Part VIII, line 1			ሱ	
	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasu	Ires or other cimile	assets for financial		
	the following amounts required to be reported under FASB ASC			jani, provide	
	Revenue included on Form 990, Part VIII, line 1			d·	
b	Assets included in Form 990, Part X			\$_	
				Ψ.	

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

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Schedule D (Form 990) 2023

Territoria de la constantina della constantina d	nedule D (Form 990) 2023 BUFFAL (art III Organizations Maintaining	URBAN DET	VELOPMENT (CORPORAT	ION Other :	* * . Similar As	***42					
3								ntinue	<u>a)</u>			
	collection items (check all that apply).	,	,	o tonoving and	mane oigi	mount asc c	1113					
	Public exhibition		d Loan or ex	change prograr	n							
1	Scholarly research			,								
	Preservation for future generations											
4	Provide a description of the organization's of	collections and expla	ain how they further	the organization	ı's exemp	t purpose in	Part XIII					
5	During the year, did the organization solicit	or receive donations	s of art, historical tre	asures, or other	similar as	sets						
	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	ollection?			Yes	Γ	No			
Pa	irt IV Escrow and Custodial Arran	gements Comp	lete if the organization	on answered "Ye	es" on Fo	rm 990, Part	IV. line 9. o	r	The same			
_	reported an amount on Form 990, Pa	art X, line 21.					, , .					
1a	Is the organization an agent, trustee, custoo	lian, or other interme	ediary for contributio	ons or other asse	ets not inc	cluded						
	on Form 990, Part X?											
b	If "Yes," explain the arrangement in Part XIII and complete the following table:											
							Amou	ınt				
C	Beginning balance		••••••••••			1c						
d	Additions during the year					1d						
е		•••••				1e						
f	Ending balance					1f						
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrow or c	ustodial accour	nt liability?		Yes	Т	No			
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation has been	provided in Par	t XIII			. Ē				
Pa	rt V Endowment Funds Complete it	the organization an	swered "Yes" on Fo	rm 990, Part IV,	line 10.		ACCUMINATION OF STREET					
		(a) Current year	(b) Prior year	(c) Two years		Three years b	ack (e) For	ur year	s back			
1a	Beginning of year balance			* - CSI (1)								
b	Contributions		Alexander	- AGE								
C	Net investment earnings, gains, and losses		Vilve	Some								
d	Grants or scholarships		100									
е	Other expenditures for facilities		7 6 V									
	and programs											
f	Administrative expenses		AND THE PARTY OF									
g	End of year balance		- Se-									
2	Provide the estimated percentage of the curr	ent year end balanc	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 should	ıld equal 100%.										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held ar	nd administered	for the							
	organization by:							Yes	No			
	(i) Unrelated organizations?						3a(i)					
			•••••						$\overline{}$			
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?		***************************************		3b					
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.									
Par	t VI Land, Buildings, and Equipme	ent										
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Pa	art X, line	10.						
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Accumulated depreciation		(d) Book value					
		basis (investm	1 ' '									
1a	Land		84	6,723.			846,723.					
	Buildings			9,540.	305	,177.	8,61					
С	Leasehold improvements			5,714.	15	714.	,	, ,	0.			
	Equipment			7,945.		8,804.	14	4.14	41.			
	Other											
otal.	Add lines 1a through 1e. (Column (d) must ea	ual Form 990. Part)	X line 10c column ((R1)			9,475	5.2	27.			

Schedule D (Form 990) 2023

332053 09-28-23

Employer identification number **-**4226 Open to Public OMB No. 1545-0047 Inspection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Go to www.irs.gov/Form990 for the latest information. Attach to Form 990. BUFFALO URBAN DEVELOPMENT CORPORATION General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE ! (Form 990) Part

X Yes

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 criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can	be duplicated if additive	onal space is need	ed.			•
1 (a) Name and address of organization or government	(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 of grant or assistance
CITY OF BUFFALO 65 NIAGARA SQUARE BUFFALO, NY 14202			26,468,084.	0.	d	1	RALPH WILSON JR
, , , , ,				A.		1	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332101 11-01-23

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Schedule I (Form 990) 2023

Supplemental Information Part I, line 2; Part III, column D), and any other additional information.	(a) type of grant or assistance				1 1 1 1 1 1
Supplemental Information. Fovide the information required in Part I, line 2; Part III, column (b); and any other additional information.	1	+			(f) Description of noncash assistance
Supplemental Information. Fowde the information required in Part I, line 2; Part III, column (b); and any other additional information.	1				
Supplemental Information. Foxide the information required in Part I, line 2; Part III, column (b); and any other additional information.					1
Supplemental Information. Part I, line 2; Part III, column (b); and any other additional information.					
Supplemental Information. Rovide the information required in Part I, line 2; Part III, column (b); and any other additional information.	_				
Supplemental Information. Fovide the information required in Part I, line 2; Part III, column (b); and any other additional information.				-	
Supplemental Information. Fovide the information required in Part I, line 2; Part III, column (b); and any other additional information.	1 1 1 1 .		2		1
Supplemental Information. Fovide the information required in Part I, line 2; Part III, column (b); and any other additional information.				př.	
Supplemental Information. Rovide the information required in Part I, line 2; Part III, column (b); and any other additional information.		100			1 1 1
	Supplemental Information Fovide the information required in	 art I, line 2; Part III, o	olumn (b); and any other ad		1
				,	1
					1 1 1
	332102 11-01-23		30		Schedule I (Form 990) 2023

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

RIFFALO IIDRAN DEVELOPMENT CODDODATION

Employer identification number

BOTTADO ORBAN DEVELOPMENT CORPORATION4220
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
All Control of the Co
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
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

Schedule O (Form 990) 2023	Page 2
Name of the organization BUFFALO URBAN DEVELOPMENT CORPORATION	Employer identification number **-**4226
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANT FEES:	
PROGRAM SERVICE EXPENSES	1,739,176.
MANAGEMENT AND GENERAL EXPENSES	8,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,747,426.
PAYROLL FEE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,342.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,342.
NATIONAL GRID ELECTRICAL SERVICES:	
PROGRAM SERVICE EXPENSES	2,388,151.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,388,151.
NATIONAL FUEL GAS:	
PROGRAM SERVICE EXPENSES	69,765.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
FOTAL EXPENSES	69,765.
CONTRACTOR FEES:	
PROGRAM SERVICE EXPENSES	62,900.
32212 11-14-23 32	Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization BUFFALO URBAN DEVELOPMENT CORPORATION	Employer identification number **-**4226
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,900.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,271,584.
PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT PROCESS DURING	THE YEAR.
	0.

ا چ (g) Section 512(b)(13) ١ DEVELOPMENT CORPORATION DEVELOPMENT CORPORATION DEVELOPMENT CORPORATION DEVELOPMENT CORPORATION Schedule R (Form 990) 2023 Employer identification number **-** 4226 Open to Public Inspection OMB No. 1545-0047 × controlled 2023 entity? Direct controlling Yes entity Inplete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt SUFFALO URBAN SUFFALO URBAN SUFFALO URBAN BUFFALO URBAN Direct controlling End-of-year assets ê status (if section Public charity 501(c)(3)) **e** 00 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. CINE Total income Related Organizations and Unrelated Partnerships Đ Exempt Code Go to www.irs.gov/Form990 for instructions and the latest information. section 501(C)(3) 9 Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) Attach to Form 990. JEW YORK VEW YORK JEW YORK NEW YORK NEW YORK BUFFALO URBAN DEVELOPMENT CORPORATION SECTOR IN DEVELOPMENT OF PARTNERS WITH PRIVATE Primary activity Primary activity DOWNTOWN BUFFALO 9 REAL ESTATE EAL ESTATE EAL ESTATE REAL ESTATE For Paperwork Reduction Act Notice, see the Instructions for Form 990. Identification of Related Tax-Exempt Organizations. BUFFALO BROWNFIELD RESTORATION CORPORATION -I 1 ı 1 Lin 20-2681698, 95 PERRY STREET SUITE 404, Name, address, and EIN (if applicable) organizations during the tax year. L_H Name, address, and EIN of related organization of disregarded entity BUFFALO, NY 14203 BUFFALO LAKESIDE COMMERCE PARK LLC - 20-1379186 BUFFALO, NY 14203 NORDEL II, LLC - 20-1379230 BUFFALO, NY 14203 RIVERBEND, LLC - 41-2275919 95 PERRY STREET SUITE 403 95 PERRY STREET SUITE 403 95 PERRY STREET SUITE 404 95 PERRY STREET SUITE 404 <u>a</u> Name of the organization SUFFALO, NY 14203 BUFFALO, NY 14203 Department of the Treasury Internal Revenue Service SCHEDULE R NORDEL I, (Form 990) Part Part II

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Schedule R (Form 990) BUFFALO URBAN DEV	BUFFALO URBAN DEVELOPMENT CORPORATION	TION			**-**4226
	(b) Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) — — — — — — — — — — — — — — — — — — —
KING CROW, LLC - 83-0858799	1	foreign country)		1	
TREET SUITE 404 Y 14203	REAL ESTATE	AGOA MAN			BUFFALO URBAN
HLAND, LLC - 83-3271548 STREET SUITE 404					DEVELOPMENT CORPORATION
7 4 4 5 5 0 4 1 7	REAL ESTATE	NEW YORK			BUFFALO URBAN DEVELOPMENT CORPORATION
LUC - 8/-1480435 T SUITE 403 4203	REAL ESTATE	NEW YORK			BUFFALO URBAN DRVELOPMENT CORPORATON
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1 1 1	i	-		1	1 1 1 1
1 1 1 1				1	1 1 1
				1	1 1 1 1
				1	1 1 1 1

Page 2 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. **-**4226 BUFFALO URBAN DEVELOPMENT CORPORATION Schedule R (Form 990) 2023 Part III

General or Percentage ownership Schedule R (Form 990) 2023 Yes No A, because it had one c n rore related Section 512(b)(13) controlled M × 3 managing c Percentage ownership 100% 95,00% 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) 99,973,634. 67,103,665. Share of end-of-year assets <u>6</u> allocations? Disproportionate 8 <u>#</u> E 224,111, 520,221. Share of total income ä Complete if the organization answered "Yes" on Form 990, Share of end-of-year assets -2 Type of entity (C corp, S corp, or trust) **e** Share of total CORP income Direct controlling entity SUFFALO URBAN LLC DEVELOPMENT CORPORATION Predominant income (related, unrelated, excluded from tax under sections 512-514) 0 683 WTC Legal domicile (state or foreign country) 36 M <u>ত</u> (d)
(Direct controlling | ⇒ a wration or Trust. rary activity 9 butification of Related Organizations Taxable at the state organizations treated as a corporation or trust during the tax year. EAL ESTATE REAL ESTATE (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization 683 NORTHLAND, LLC - 35-2580394 - 81-4721181 95 PERRY STREET SUITE 403 95 PERRY STREET SUITE 403 Name, address, and EIN of related organization BUFFALO, NY 14203 14203 <u>a</u> 683 WTC, LLC BUFFALO, NY 332162 09-28-23 I I Part IV I

-4226 Page 3

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 schadule					
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	in Parts II-IV?	۶	Yes No
 a recept of (f) interest, (ii) annutities, (iii) royalities, of (iv) rent from a controlled entity b Gift, grant, or capital contribution to related organization(s) 	y			-ta	×
:				1 p	×
d Loans or loan guarantees to or for related organization(s)				+	×
e Loans or loan guarantees by related organization(s)				+	×
				e e	×
f Dividends from related organization(s)				+	;
g Sale of assets to related organization(s)				=	×
h Purchase of assets from related organization(s)				В	×
				=	×
j Lease of facilities, equipment, or other assets to related organization(s)				=	×
				=	×
k Lease of facilities, equipment, or other assets from related organization(s)				;	1
ដើម្រាs for re 🛊 🛊	* organization(s)			¥ ;	4
i≹ insbyre ≰ ≰	≰ forganization(s)			₹,	4 3
SSE SI I related II	ion(s)		1000	Ε,	4
81				£ .	4 :
			teres	e e	4
			4	1	P
q Reimbursement paid by related organization(s) for expenses				9 3	4 >
				5	4
r Other transfer of cash or property to related organization(s)				2	>
s Other transfer of cash or property from related organization(s)			Man was	+	4 >
E	ho must complete th	s line, including covered re	1 on who must complete this line, including covered relationships and transaction thresholds	<u>က</u>	√ -
	(H)		Special designation of the section o	Ţ	1
Name of related organization	Transaction type (a-s)	Amount involved	(d) Method of determining amount involved	lved	
מוני כמטייים כמטייים					
WIC,	A	2,545,392.FMV	FMV		
2) 683 WTC, LLC	D	52,187,279. FMV	FMV		
ପ୍ର					
(4)					
(5)					
(9)					
132.163 09-28-23	3.7		Schedule R (Form 990) 2023	(Form 99	90) 2023
	7				

Schedule R (Form 990) 2023 BUFFALO URBAN DEVELOPMENT CORPORATION

-4226

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

Primary activity Lugal domicile Predemination White Street of Share of Shar	Name address, and EN	(a) (b) (b)	ا ا <u>ق</u>	[©	(c)	(e)	9	1 3	1	18	Ľ	1
Sections 21/25 1/4 Mars No.	September 2012-51-61 Most No. 100 Most No. 100	Name, address, and EIN of entity	Primary activity		Predominant income (related, unrelated, excluded from tax under	Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year	Disproportionate	Code V-UBI amount in box 2	General of managin, partner?	(k) Percentage ownership
		1 1 1 1 1 1 1	1		sections 512-514)	Yes No		assets	Yes No	(Form 1065)	S S	
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332164 09-28-23

Schedule R	(Form 990) 2023	BUFFALO	URBAN	DEVELOPMENT	CORPORATION	**-***4226	Page 5
Part VII	(Form 990) 2023 Supplemental Info	rmation					
	Provide additional inform	mation for response	s to questi	ons on Schedule R. See	instructions.		
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EDULE	Amount Used for	Amount Used for ———————————————————————————————————
DETAIL CARRYOVER SCHEDULE	Amount Used for	Amount Used for ———————————————————————————————————
DETAIL CA	Used for	Amount Used for
7 NO	Used for	Amount Used for
Section 382 Carryover	Used for 12/31/19 20,232, 20,232,	Amount Used for
INTEREST INCOME FROM 1 POST-2017 NO	Amount Used 20,232,	Amount Used for
Type and Entity: INTE	Original Carryover Amount 20, 232,	Amount S S Used for C C C C C C C C C C C C C C C C C C C
Type an	Vear Originated 2018	Type G B C C C C C C C C C C C C C C C C C C

Form 990-W (Worksheet)

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations) FORM 990-T

► Keep for your records. Do not send to the Internal Revenue Service.

1	Unrelated business taxable income expected in the tax	year				1	2
2	Tax on the amount on line 1		•••••			2	
3	Alternative minimum tax for trusts					3	
4	Total. Add lines 2 and 3				***************************************	4	
5	Estimated tax credits					5	
6						6	
7						7	
8	Total. Add lines 6 and 7					8	
9	Credit for federal tax paid on fuels				<u> </u>	9	
	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments Enter the tax shown on the 2023 return. Caution: If zero or the tax year was for less than 12 months, skip t and enter the amount from line 10a on line 10c	his line		10a	100,299.		
c	2024 Estimated Tax. Enter the smaller of line 10a or lin	ne 10b. li	the organization is require	ed to skip line 10b, enter	the amount		404 000
	from line 10a on line 10c		(a)	ADJUSTE		10c	104,000.
		$\overline{}$	(a)	(b)	(c)		(d)
11	installment due dates	11	04/15/24	06/17/24	09/16/2	4	12/16/24
	Installments. Enter 25% of line 10c in		26,000	26.000	0.5		0.5.000
	columns (a) through (d)	12	26,000.	26,000.	26,0	00.	26,000.
13	2023 Overpayment	13	3,158.				
14	Payment due (Subtract line 13 from line 12)	14	22,842.	26,000.	26,00	00.	26,000.
							Form 990-W

ESTIMATED TAX	104,000
OVERPAYMENT APPLIED	3,158
AMOUNT DUE	100.842

THIS IS NOT A FILEABLE COPY ***** IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer			- Marian		Ti-	EIN or SSN	
	BUFFALO URBA	N DEVELOPM	MENT CORPOR	ATION		**-**4	226
Name and titl	e of officer or person subject t	o tax BRANDY PRESI	YE MERRIWEA	THER			
Part I	Type of Return an						
or 10a belov	box for the return for which filers may enter dollars and w, and the amount on that a applicable, blank (do not e	you are using this I cents. For all other ine for the return b	Form 8879-TE and er forms, enter whole of eing filed with this fo	dollars only. If you check t irm was blank, then leave l	the box on line	1a, 2a, 3a, 4a	a, 5a, 6a, 7a, 8a, 9a
1a For	m 990 check here	b Total r	evenue, if any (Form	990, Part VIII, column (A),	, line 12)	1b	
2a For	m 990-EZ check here	b Total re	evenue, if any (Form	990-EZ, line 9)		2b	
3a Fort	m 1120-POL check here	b Total ta	ax (Form 1120-POL,	line 22)		3b	
4a Fori	m 990-PF check here	b Tax ba	sed on investment i	ncome (Form 990-PF, Pa	rt V, line 5)	4b	
5a Forr	n 8868 check here	b Balanc	e due (Form 8868, li	ne 3c)		5b	
	n 990-T check here	b Total ta	ax (Form 990-T, Part	III, line 4)		6b	100,299.
7a Forr	m 4720 check here	b Total ta	ax (Form 4720, Part	III, line 1)		7b	
	n 5227 check here	b FMV of	assets at end of ta	x year (Form 5227, Item D	D)	8b	
	n 5330 check here	b Tax du	e (Form 5330, Part II	, line 19)		9b	
10a Forn	n 8038-CP check here	b Amoun	t of credit payment	requested (Form 8038-C	P. Part III. line	22) 10b	
	tion of parium. I dealers the	Y lem an affi	onzation of Ome	er or Person Subjec	ot to Tax	***	
of entity)	ties of perjury, I declare tha	LA I am an omo	cer of the above enti	ry or ॄ I am a person s , (EIN)	subject to tax v	with respect to	(name
acknowledge of any refund entry to the f financial insti later than 2 b payment of te personal ider PIN: check of	service provider, transmitterment of receipt or reason for the provider of the	or rejection of the the U.S. Treasury ai indicated in the tax this account. To reasure at this account, and information necessiny signature for the	transmission, (b) the not its designated Fin x preparation softwa voke a payment, I m t) date. I also authori sary to answer inqui e electronic return ar	reason for any delay in prancial Agent to initiate an re for payment of the fede ust contact the U.S. Treas ze the financial institutions is and resolve issues role.	rocessing the electronic fun real taxes owed sury Financial , s involved in thated to the pay ent to electron	return or refund nds withdrawal d on this return Agent at 1-888- he processing of	d, and (c) the date (direct debit), and the 353-4537 no of the electronic
	(4		ERO firm name				er five numbers, but
							not enter all zeros
witl	my signature on the tax yea h a state agency(ies) regula the return's disclosure con:	ting charities as pa	lly filed return. If I ha art of the IRS Fed/Sta	ve indicated within this ret te program, I also authori:	turn that a cop ze the aforem	by of the return entioned ERO t	is being filed to enter my PIN
retu	an officer or person subjecturn. If I have indicated withit Fed/State program, I will e	n this return that a nter my PIN on the	copy of the return is return's disclosure	being filed with a state ag consent screen.	ure on the tax jency(ies) regu	year 2023 electurations (1982); year 2023 electurations (1982)	tronically filed as part of the
Part III	r or person subject to tax ** Certification and A		S NOT A FII	EABLE COPY **	* * *	Date 0	5/01/24
RO's EFIN/	PIN. Enter your six-digit ele	ctronic filing identif	ication			_	
number (EFIN)) followed by your five-digit	self-selected PIN.		166492 Do not enter]	
certify that the submitting this Business Retu	ne above numeric entry is n s return in accordance with ıms.	ny PIN, which is my the requirements	/ signature on the 20 of Pub. 4163, Mode	23 electronically filed retu	ırn indicated a	bove. I confirm orized IRS e-file	that I am Providers for
RO's signature	FREED MAXIO	CK CPAS, P		Date	05/01	/24	
		ERO Must	Retain This For	m - See Instructions			
	Do No	t Submit This	Form to the IRS	Unless Requested	To Do So		
or Privacy A	ct and Paperwork Reduct	ion Act Notice, se	e instructions.			Form	8879-TE (2023)

LHA 302521 01-05-24

Form	990-T		Exempt Organization Business Ir		ırn	OMB No. 1545-0047
			(and proxy tax under section	. ,,		0000
		For ca	lendar year 2023 or other tax year beginning			2023
	rtment of the Treasury at Revenue Service		Go to www.irs.gov/Form990T for instructions and Do 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.)	D E	nployer identification number
ВЕ	xempt under section	Print	BUFFALO URBAN DEVELOPMENT CORI	PORATION	٠, ١,	**-***4226
X] 501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instruction		E G	oup exemption number
	408(e) 220(e)	Туре	95 PERRY STREET, 404			se mandonoria;
			City or town, state or province, country, and ZIP or foreign postal of	code	_	
_	529(a) [529A	C Bo	BUFFALO, NY 14203 ok value of all assets at end of year	85,671,246.	F L	Check box if
G	Check organization t		X 501(c) corporation 501(c) trust 401(a) tr		State	an amended return. college/university
		,,,,,	6417(d)(1)(A) Applicable entity	dot outlot 11dot	Oluto	College/University
Н	Check if filing only to	claim	Credit from Form 8941 Refund shown on Fo	orm 2439 Elective pay	ment am	ount from Form 3800
			ation filing a consolidated return with a 501(c)(2) titleholding	corporation		
			ed Schedules A (Form 990-T)			1
	-		e corporation a subsidiary in an affiliated group or a parent-su	ubsidiary controlled group?	1	Yes X No
	The books are in care		MOLLIE PROFIC	Telephone number	/716	3)856-6525
Pai			Business Taxable Income	relepitorie fluttibei	1710	7030-0323
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or bu	sinesses (see instructions)	1	478,615.
2	Reserved			(A)	2	7 / SEE - 10
3	Add lines 1 and 2				3	478,615.
4	Charitable contrib	utions	(see instructions for limitation rules)		4	0.
5 6			taxable income before net operating losses. Subtract fine 4			478,615.
7		•	ng loss. See instructions ss taxable income before specific deduction and section 199	2A daduction	. 6	
•			5		7	478,615.
8	Specific deduction	ı (gene	rally \$1,000, but see instructions for exceptions)		8	1,000.
9	Trusts, Section 19	99A de	duction. See instructions		9	
10	Total deductions.	Add li	nes 8 and 9	***************************************	10	1,000.
11 Par	Unrelated busines t II Tax Comp	ss taxa utatio	ble income. Subtract line 10 from line 7. If line 10 is greate on	r than line 7, enter zero	11	477,615.
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)		. 1	100,299.
2			ates. See instructions for tax computation. Income tax on the			
			Tax rate schedule or Schedule D (Form 1041)	•••••		
3	Proxy tax. See ins					
4 5	Other tax amounts	. See ir	nstructions		4	
6	Tax on noncompli	in lax iant fac	cility income. See instructions	•••••	5	
7	Total. Add lines 3 t	through	6 to line 1 or 2, whichever applies		7	100,299.
Par	t III Tax and P	ayme	ents			
1a	Foreign tax credit (corpora	ations attach Form 1118; trusts attach Form 1116)	1a	1,7	
b	Other credits (see i		* *************************************		- 1	
C C			Attach Form 3800 (see instructions)		- 1	
d e	Total credits. Add		um tax (attach Form 8801 or 8827)		10	
2			a through 1d II, line 7		1e 2	100,299.
За	Amount due from F			F 4		
b	Amount due from F	orm 86]	
C	Amount due from F				_	
d	Amount due from F				-	
e	Other amounts due	•	* *************************************			•
f 4	Total tay Add lines	MOO III	nes 3a through 3e	deferred under	3f	0.
•			amount here		4	100,299.
_5	Current net 965 tax	liabilit	paid from Form 965-A, Part II, column (k)		5	0.
LHA			Act Notice, see instructions. 323701 11-20-23			Form 990-T (2023)
			43			

Pari	990-T (2023)					Page
	t III Tax and Payments (continued)					: ugo
6 a	Payments: Preceding year's overpayment credited to the current year	. 6a	6,457.			
b	Current year's estimated tax payments. Check if section 643(g) election	·		1		
	applies	□ 6b	97,000.			
c	Tax deposited with Form 8868	_		1 1		
d	Foreign organizations: Tax paid or withheld at source (see instructions)			1		
е	Backup withholding (see instructions)			1 1		
f	Credit for small employer health insurance premiums (attach Form 8941)			1 1		
g	Elective payment election amount from Form 3800			1 1		
h	Payment from Form 2439	6h		1		
i	Credit from Form 4136					
j	Other (see instructions)					
7	Total payments. Add lines 6a through 6j			7	103	,457.
8	February March 1997 Charles 199			8		,
9	Tax due If line 7 is smaller than the total of lines 4.5, and 0, anter-county and			9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overp	aid		10	3	,158.
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	3,158		11		0.
Part	IV Statements Regarding Certain Activities and Other Informati					
1	At any time during the 2023 calendar year, did the organization have an interest in or over a financial account (bank, securities, or other) in a foreign country? If "Yes," the of FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the here During the tax year, did the organization receive a distribution from, or was it the gran	organization name of th	may have to file e foreign country			es No
3	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		\$			Х
4	Enter available pre-2018 NOL carryovers here \$ Do not in	nclude any i	noet-2017 NOL can	n (OL/Or		10000
5	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	ny deductio NOL carryo	n reported on Part vers. Don't reduce			
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	ny deductio NOL carryo the tax year	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce	I, line 6.		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ \$	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ \$ Reserved for future use	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
6 a	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ \$ \$	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
6 a	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ \$ Reserved for future use Reserved for future use	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
6 a b	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S Reserved for future use Reserved for future use	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions.	I, line 6.		
6 a b	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions.	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce c. See instructions. le post-2017 NOL o	I, line 6.	r	
6 a b Part \	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code \$ \$ Reserved for future use Reserved for future use Supplemental Information Supplemental Info	ny deductio NOL carryo the tax year Availab	n reported on Part vers. Don't reduce . See instructions. le post-2017 NOL o	I, line 6.	r	
6 a b Part \ Provide	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stacorrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	ny deduction NOL carryo the tax year Availab Availab	on reported on Part vers. Don't reduce r. See instructions. le post-2017 NOL of the best of my knowledgedge. May	I, line 6. CarryOve	of, it is true,	
6 a b Part \ Provide	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare PRESIDE	ny deduction NOL carryo the tax year Availab Availab	or reported on Part vers. Don't reduce . See instructions. le post-2017 NOL of the best of my knowledgedge.	ge and believer shall be a shall	of, it is true,	ө
6 a b Part \ Provide	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S	ny deduction NOL carryon the tax year Availab Availab	on reported on Part vers. Don't reduce C. See instructions. le post-2017 NOL of the best of my knowledgedge. May the instruction Part May the	Je and belie of the IRS dispreparer shructions)?	of, it is true,	
6 a b Part V Provide Sign Here	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of prepare (other than taxpayer) is based on all information of which prepare PRESIDE	ny deduction NOL carryon the tax year Availab Availab	or reported on Part vers. Don't reduce C. See instructions. le post-2017 NOL of the best of my knowledgedge. May the instruction if	ge and believer shall be a shall	of, it is true,	ө
6 a b Part V Provide Sign Here	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code S	ny deduction NOL carryo the tax year Availab Availab atements, and tax has any knowless.	o the best of my knowledgedge. Check if self-employed	ge and belie the IRS dispreparer shructions)?	of, it is true, scuss this retu own below (se	e No
6 a b Part V Provide Sign Here	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for Business Activity Code Susiness Activity Code \$ Reserved for future use Reserved for future use V Supplemental Information any additional information. See instructions. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and state correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare Signature of officer PRESIDE Signature of officer Date Title Print/Type preparer's name Preparer's signature Date NICOLE M. WHITE NICOLE M. WHITE	ny deduction NOL carryon the tax year Availab Availab	o the best of my knowledgedge. Check if self-employed	ge and belie of the IRS dispreparer sh ructions)?	of, it is true,	No No

Phone no. 585-344-1967 Form 990-T (2023)

BATAVIA, NY 14020-3110

Firm's address

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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).

9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (See instructions; attach statement) 12 Other income (See instructions; attach statement) 13 Total. Combine lines 3 through 12 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 Compensation of officers, directors, and trustees (Part X) 2 Salaries and wages 3 Repairs and maintenance 4 Bad debts 5 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 8 Less depreciation claimed in Part III and elsewhere on return 8 Less depreciation claimed in Part III and elsewhere on return 9 Depletion 10 Contributions to deferred compensation plans 11 Employee benefit programs 11 Excess exempt expenses (Part IX) 13 Excess readership costs (Part IX) 14 Other deductions, Add lines 1 through 14 15 Total deductions. Add lines 1 through 14 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 17 Deduction for net operating loss. See instructions 18 Unrelated business taxable income, Subtract line 15 from Part I, line 13, column (C) 18 Unrelated business taxable income, Subtract line 17 from line 16	BUFFALO URBAN DEVELOPMENT CORPOR	BUFFALO URBAN DEVELOPMENT CORPORATION			fication number 226
Part I Unrelated Trade or Business Income	C Unrelated business activity code (see instructions) 8129	00		D Sequence:	1 of 1
1	E Describe the unrelated trade or business INTEREST IN	COME	FROM 100% OW	NED RELATED	ENTIT
Less returns and allowances	Part I Unrelated Trade or Business Income	ŧ	(A) Income	(B) Expenses	(C) Net
2 Cost of goods sold (Part III, line 8) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b. Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c. Capital loss deduction for trusts b. Net gain (loss) (Form a partnership or an S corporation (attach statement). 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annufies, royalties, and rents from a controlled organization (Part VI) 9 Investment income of Section 501(s)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions, attach statement) 12 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Salardes and wanges 1 Pepication (statch statement). See instructions 1 Repairs and maintenance 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion 1 Depletion (Salach Statement). See instructions 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion (Salach Statement). See instructions 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion (Salach Statement). See instructions 2 Less depreciation claimed in Part III and elsewhere on return 3 Less depreciation claimed in Part III and elsewhere on return 4 Depletion (Salach Statement) 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensat	1a Gross receipts or sales	T		51 7 117 114	
2 Cost of goods sold (Part III, line 8) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b. Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c. Capital loss deduction for trusts b. Net gain (loss) (Form a partnership or an S corporation (attach statement). 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annufies, royalties, and rents from a controlled organization (Part VI) 9 Investment income of Section 501(s)(7), (9), or (17) organizations (Part VII) 10 Exploited exempt activity income (Part VIII) 11 Advertising income (Part IX) 12 Other income (see instructions, attach statement) 12 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Part X) 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Compensation of officers, directors, and trustees (Part X) 1 Repairs and maintenance 1 Salardes and wanges 1 Pepication (statch statement). See instructions 1 Repairs and maintenance 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion 1 Depletion (Salach Statement). See instructions 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion (Salach Statement). See instructions 1 Less depreciation claimed in Part III and elsewhere on return 1 Depletion (Salach Statement). See instructions 2 Less depreciation claimed in Part III and elsewhere on return 3 Less depreciation claimed in Part III and elsewhere on return 4 Depletion (Salach Statement) 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensation plans 1 Contributions to deferred compensat	b Less returns and allowances c Balance	1c			
3 Gross profit. Subtract line 2 from line 1		2			
4 a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) c Capital loss deduction for trusts hocking loss) from a partnership or an S corporation (attach statement) 6 Rent income (Part IV) 7 Unrelated debt-financed income (Part V) 8 Interest, annutilise, royalties, and rents from a controlled organization (Part VI) 9 Investment income of section 501(c)(7), (9), or (17) organization (Part VI) 10 Exploited exempt activity income (Part VII) 11 Advertising income (Part IX) 12 Other income (see instructions, attach statement) 12 Other income (see instructions, attach statement) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 Salaries and wages 10 Compensation of officers, directors, and trustees (Part X) 11 Age and wages 12 Salaries and wages 13 Salaries and wages 14 Salaries and wages 15 Interest (attach statement). See instructions 6 Taxes and licenses 7 Depreciation (statich Form 4562). See instructions 16 Taxes and licenses 7 Depreciation (attach Form 4562). See instructions 17 Salaries and seed to the seed of the	3 Gross profit. Subtract line 2 from line 1c	3			
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11	10 Exploited exempt activity income (Part VIII)	10	6 4		
12	11 Advertising income (Part IX)	11			
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Part I			521,873.	31.399.	490,474.
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18 Unrelated business taxable income. Subtract line 17 from line 16 478, 615	17 Deduction for not an autima lace Continuity			16	
	19 Uproleted business toyable income. Subtract line 47.5 cm. 1.5			17	479 615
For Paperwork Reduction Act Notice, see instructions. Schedule A (Form 990-T) 20	For Paperwork Reduction Act Notice, see instructions.				

Part					
- 4	to the state of th	hod of inventory valuat			
1	Inventory at beginning of year				
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)	•••••		4	
5	Other costs (attach statement)	•••••	••••••	5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter I	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p	produced or acquired for	or resale) apply to the o	organization?	Yes N
Part I	V Rent Income (From Real Property and	Personal Proper	y Leased With R	eal Property)	
1	Description of property (property street address, city, st	ate, ZIP code). Check	if a dual-use. See instru	uctions.	
	A	•			
	В				
	с				
	D				
		A	В	С	
2	Rent received or accrued		В		D
_			1		
а	From personal property (if the percentage of		B		
	rent for personal property is more than 10%		170		
	but not more than 50%)		18 18		
b	From real and personal property (if the	1	AT 2. "		
	percentage of rent for personal property exceeds		Sink !		
	50% or if the rent is based on profit or income)				
C	Total rents received or accrued by property.	1	Du 198		
	Add lines 2a and 2b, columns A through D	V	The state of the s		
	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
4 <u>5</u> art V	in lines 2a and 2b (attach statement) Total deductions. Add line 4, columns A through D. En	instructions)			0
4 5 art V	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	instructions)			0
4 5 art V	Total deductions. Add line 4, columns A through D. Em Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	instructions)			0
5 art V	Total deductions. Add line 4, columns A through D. End Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	instructions)			0
4 5 art V	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	instructions)			D
4 5 art V	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 art V 1	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 art V 1	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A B C C C C C C C C C C C C C C C C C C	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 art V 1	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A B C C C C C C C C C C C C C C C C C C	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
5 art V	Total deductions. Add line 4, columns A through D. Environment (See Description of debt-financed property (street address, cine and address). Gross income from or allocable to debt-financed property. Deductions directly connected with or allocable to debt-financed property.	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total deductions. Add line 4, columns A through D. Environment (See Description of debt-financed property (street address, cine and address). Gross income from or allocable to debt-financed property. Deductions directly connected with or allocable to debt-financed property. Straight line depreciation (attach statement)	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total deductions. Add line 4, columns A through D. Em' Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 5 art V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A B B B B B B B B B B B B B B B B B B	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Total deductions. Add line 4, columns A through D. En Unrelated Debt-Financed Income (see Description of debt-financed property (street address, ci A	e instructions) y, state, ZIP code). Ch	eck if a dual-use. See i	nstructions.	
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(2)			,					, , , , , ,		JI, JJJ.
(3)										
(4)										
						Add column	20 5 2	nd 10	۸۵۵	columns 6 and 11.
						Enter here a				here and on Part I.
						line 8, co	olumn	(A).		ne 8, column (B).
						A TOTAL CO.				24 222
Total	S					65	521	- 272		21 200
Total		come o	of a Section 501	(c)(7), (9), or (17	Organ	ization (co		,873.		31,399.
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Schedule A (Form 990-T) 2023

ne(s)	Advertising Inc s) of periodical(s).						Page
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ersł	ship costs				fr.	9	
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ine	e 6, enter -0				366		
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, en	nter the lesser of li	ne 4 or line 7			No.		
ne t	8, columns A thro	ugh D. Enter the	e greater of the lin	e 8a columns to	otal or -0- here and	on	
	ne 13						0.
Co	ompensation	of Officers, [Directors, and	Trustees	see instructions)		
						3. Percentage	4. Compensation
	1. Name		16	2. Title		of time devoted	attributable to
-						to business	unrelated business
	A GANDOUR	-	VICE PRE			6.00%	10,183.
ΥE	MERRIWE	ATHER	PRESIDEN	IT ·		1.00%	1,572.
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						%	
							44
nere	e and on Part II, III	e 1				ementum	11,755.
Su	ippiementai ir	Tormation	(see instructions)				
nere Su	e and on Part II, lir upplemental Ir	e 1 Iformation	(see instructions)				%

FORM 990-T SCHEDULE A	DESCRIPTION OF ORGANIZATION'S UNRELATED BUSINESS ACTIVITY	STATEMENT 1

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

TO FORM 990-T, SCHEDULE A, LINE E

FORM 990-T (A)	PART VI - DEDUCTIONS OF ORGANIZATIONS DIRECTLY COLUMN 10 INC	CONNECTED		STATEMENT 2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
LEGAL FEES CONSULTING FEE		, s	14,274. 17,125.).
	- SUBTOTAL -	1	17,123.	31,399
TOTAL OF FORM 990	-T, SCHEDULE A, PART VI	COLUMN 1		31,399

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING DECEMBER 31, 2023

PREPARED FOR:	
BUFFALO URBAN DEVELOP 95 PERRY STREET 404 BUFFALO, NY 14203	MENT CORPORATION
PREPARED BY:	
FREED MAXICK CPAS, P.C. ONE EVANS STREET BATAVIA, NY 14020-3110	
TO BE SIGNED AND DATED BY:	
NOT APPLICABLE	for the same of th
AMOUNT OF TAX: TOTAL TAX LESS: PAYMENTS AND CREDITS PLUS: OTHER AMOUNT PLUS: INTEREST AND PENALTIES OVERPAYMENT OVERPAYMENT: CREDITED TO YOUR ESTIMATED TAX OTHER AMOUNT REFUNDED TO YOU	\$ 42,985 \$ 55,620 \$ 0 \$ 12,635 \$ 12,635 \$ 0 \$ 0
MAKE CHECK PAYABLE TO:	
NOT APPLICABLE	
HAVE IT TRANSMITTED ELEC AND RETURN FORM TR-579-(EPARED FOR ELECTRONIC FILING. IF YOU WISH TO CTRONICALLY TO THE NYSDTF, PLEASE SIGN, DATE CT TO OUR OFFICE. WE WILL THEN SUBMIT YOUR HE NYSDTF. DO NOT MAIL THE PAPER COPY OF THE
RETURN MUST BE MAILED ON OR BEFORE:	
NOT APPLICABLE	
PECIAL INSTRUCTIONS:	

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING DECEMBER 31, 2023

PREPARED I	FOR:
	BUFFALO URBAN DEVELOPMENT CORPORATION 95 PERRY STREET 404 BUFFALO, NY 14203
PREPARED E	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 RE	TURN TO:
	THE NEW YORK FORM FORM CHAR500 SHOULD BE FILED VIA THE WEB AT: HTTPS://CHARITIESNYS.COM/ANNUAL_FILING.HTML
RETURN MUS	T BE MAILED ON OR BEFORE:
	JULY 1, 2024
SPECIAL INST	

2024 ESTIMATED TAX FILING INSTRUCTIONS

NEW YORK ESTIMATED TAX

FOR THE YEAR ENDING DECEMBER 31, 2024

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		_	F" /	_	12	_	_		u	г.

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	\$ 43.050
LESS CREDIT FROM PRIOR YEAR	\$ 12,635
LESS AMOUNT ALREADY PAID ON 2024 ESTIMATE	\$, 0
BALANCE DUE	\$ 30,415

PAYABLE IN FULL OR IN INSTALLMENTS AS FOLLOWS:

VOUCHER	AMOUNT	-	DUE DATE
NO 1	\$	0	NOT APPLICABLE
NO 2	\$ 1,7	15	JUNE 17, 2024
NO 3	\$ 14,3	50	SEPTEMBER 16, 2024
NO 4	\$ 14,3	50	DECEMBER 16, 2024

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL VOUCHER AND CHECK TO:

THESE PAYMENTS MUST BE FILED AND PAID ELECTRONICALLY VIA THE NEW YORK STATE CORPORATION TAX WEBSITE AT: HTTP://www.tax.ny.gov/online/default.htm

SPECIAL INSTRUCTIONS:

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

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

2023 Open to Publi

Open to Public Inspection

1.General Information	on			
For Fiscal Year Beginning	(mm/dd/yyyy) 01/01	/2023 and Ending	(mm/dd/yyyy) 12/31	/2023
Check if Applicable: Address Change	Name of Organization: BUFFALO URBAN	DEVELOPMENT (CORPORATION	Employer Identification Number (EIN): **-***4226
Name Change Initial Filing	Mailing Address: 95 PERRY STREI	ET, NO. 404		NY Registration Number: 20-18-34
Final Filing Amended Filing	City / State / ZIP: BUFFALO, NY	14203		Telephone: 716 856-6525
Reg ID Pending	Website: WWW . BUFFALOU RI	BANDEVELOPMENT	C. COM	Email:
Check your organization's				
registration category:	7A only X EPTI	L only DUAL (7A	& EPTL) EXEMPT*	Confirm your Registration Category in the Charities Registry at www.charitiesNYS.com .
2. Certification				
See instructions for certific two signatories.	ation requirements. Imprope	er certification is a violation	of law that may be subjec	t to penalties. The certification requires
We certify under pe they are	nalties of perjury that we rev true, correct and complete i	riewed this report, including in accordance with the laws	g all attachments, and to the	e best of our knowledge and belief, applicable to this report.
President or Authorized O	fficer:		BRANDYE ME PRESIDENT	ERRIWEATHER
01.45	Signature	7000	Print Nar MOLLIE PRO	ne and Title Date DFIC
Chief Financial Officer or 1	-		TREASURER	
	Signature	- Garle	Print Nan	ne and Title Date
3. Annual Reporting	Exemption		Δ ₁	
Check the exemption(s) that	t apply to your filing. If your	organization is claiming ar	exemption under one cat	egory (7A or EPTL only filers) or both
				ied Char500. No fee, schedules, or
		n an exemption or are a DL	JAL filer that claims only or	ne exemption, you must file applicable
schedules and attachments	and pay applicable fees.			
exceed \$25,	exemption: Total contribution 000 and the organization diese during the fiscal year.	ons from NY State includin d not engage a profession	g residents, foundations, g al fund raiser (PFR) or fund	overnment agencies, etc. did not raising counsel (FRC) to solicit
3b. EPTL filli during the fis	ng exemption: Gross receipt scal year.	ts did not exceed \$25,000	and the market value of as	sets did not exceed \$25,000 at any time
4. Schedules and Atta	achments			
See the following page	ionnents			
for a checklist of	Yes X No 4a. Did v	our organization use a pro-	fessional fund raiser fund	raising counsel or commercial co-venturer
schedules and			? If yes, complete Schedule	
attachments to		and a grant of the court	in you, complete concess	- TG.
complete your filing.	Yes No 4b. Did th	he organization receive gov	vernment grants? If yes, co	emplete Schedule 4b.
5. Fee				
See the checklist on the	7A filing fee:	EPTL filing fee:	Total fee:	Malarata
next page to calculate your				Make a single check or money order
fee(s). Indicate fee(s) you	1.			payable to:
are submitting here:	\$	\$ <u>1,500.</u>	\$ <u>1,500.</u>	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

368451 04-01-23 1019

Page 1

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

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

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

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raiser	s (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:	
IRS Form 990, 990 EZ, or 990 PF, and 990 T if applicable	
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Codisclosure and will not be available for public review.	ontributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reven filing year. We have included an IRS Form 990-EZ for state purposes only.	ue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public	
Review Report if you received total revenue and support greater than \$250,00	
Audit Report if you received total revenue and support greater than \$1,000,00	
If the fiscal year begins before that date, an Audit Report is required if total rev	
No Review Report or Audit Report is required because total revenue and supp	
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	required
Calculate Your Fee	Control of the Contro
N=====================================	Is my Registration Category 7A. EPTL, DUAL or EXEMPT?
For 7A and DIMI Stern releviate the 7A for	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	
\$25, if you did not check the 7A exemption in Part 3a	7A filers are registered to solicit contributions in New York
	under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct
\$0, if you checked the EPTL exemption in Part 3b	activities for charitable purposes in NY.
\$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$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	EXEMPT filers have registered with the NY Charities Bureau
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These
\$750, if the NET WORTH is \$10,000,000 or more but less than \$10,000,000	organizations are not required to file annual financial reports
X \$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
\$1500, II BIE NET WONTH IS \$50,000,000 of More	Confirm your Registration Category and learn more about NY
	law at www.CharitiesNYS.com.
Send Your Filing	Miles and a final and a second of the Later Manager
Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22
Charities Bureau Registration Section	- IRS Form 990 EZ Part I, line 21
28 Liberty Street	IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Root II, line 16(a)) and
New York, NY 10005	Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

368461 04-01-23 1019 CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

Page 2

CHAR500

Schedule 4b: Government Grants www.CharitiesNYS.com

2023

Open to Public Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information	
Name of Organization:	NY Registration Number:
BUFFALO URBAN DEVELOPMENT COR	ORATION 20-18-34

2. Government Grants				
Name of Government Agency	Ar	Amount of Grant		
1. EMPIRE STATE DEVELOPMENT	1	423,755		
2. BUFFALO & ERIE COUNTY PUBLIC LIBRARY	2.	22,900		
B. ECONOMIC DEVELOPMENT ADMINISTRATION	3.	55,798		
1 CITY OF BUFFALO (INNER HARBOR PUBLIC REALM)	4.	64,515		
GREAT LAKES COMMISSION	5.	26,740		
S. ECIDA	6.	200,000		
	7.			
	8.			
	9.			
0.	10.			
1.	11.			
2.	12.			
3.	13.			
4.	14.			
5.	15.			
Total Government Grants:	Total:	793,708.		



Estimated Tax for Corporations

Filing n See For	nade e n CT-40	asy: File and p	pay electronically thro for Form CT-400, for as	ough <i>Online Se</i> sistance.	ervices at www	v.tax.ny.gov.		
Employ	er identifi	cation number		File no.	Return type (requi			Tax year
-	*4	226	·	мм8	CT13	Beginning (i	nm-dd-yyyy - 01 - 24	Ending (mm-dd-yyyy) 12-31-24
Business	telephor	ne number	State or country of incorp	ooration	Da	ate of incorporation		Installment due date
716-	-856-	-6525						06-17-24
Legal nar			VELOPMENT CO	ORPORATIO	N			Foreign corporations: date began business in NYS
Street ad		O Box	404					For office use only
City					State	ZIP code		
BUFF	'ALO				NY	14203		
A Mai	ko povol	ofo to 11 14 14			-		TT	Payment enclosed
			State Corporation Tax tach all check stubs; se	- i44i f	ate to the Unit	- C.		1 515
Lile	1000 yo	payment. De	tacri ali crieck studs; se	e instructions for	details.)	all eligibles	A	1,715.
Install	nent p	ayment amo	ount				- 1 10 - 2 - 1	
1 Tay						V		1 715
1 1ax		••••••					1	1,715.
2 MTA su	urcharge					•••••	2	
Declar	ation o	of estimated	tax	46	All			
					4			
3 Tax		••••••		***************************************	•••••		3	43,050.
MTA su	ırcharge						4	
Third - p design	nee	Yes No		e (print)			((=-31) ² -37	Designee's phone number
(see instructi	ons)	Designee's e-mai						PIN
Sertificat						knowledge and	belief true	e, correct, and complete.
Authorized	BR		RRIWEATHER	Signature of aut	horized person		Official title PRESID	ENT
person	E-mail BM	address of autho	PIER DI CAR	WMUS	TBF		Telephone r	number Date 9-3376 05-01-24
Paid			Self-employed)		e pape			
use	Signatu		paring this return Address					State ZIP code
only see instr.	E-mail	address of individ	dual preparing this retu	m	rmor P	Preparer's N		1 3332 1 3720 - 5
ee instruction			E@FREEDMAXI	CK COM				03 05 01-24

****** MM & 1224 26000000000171500

368771 11-13-23



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 Return type (required) Tax year Beginning (mm-dd-yyyy) Ending (mm-dd-yyyy) **-***4226 **MM8** 01-01-24 CT13 12-31-24 Business telephone number State or country of incorporation Date of incorporation Installment due date 716-856-6525 09-16-24 Foreign corporations: date began business in NYS Legal name of corporation BUFFALO URBAN DEVELOPMENT CORPORATION Street address or PO Box For office use only 95 PERRY STREET, 404 City State ZIP code **BUFFALO** NY14203 Payment enclosed A. Make payable to: New York State Corporation Tax Enclose your payment. (Detach all check stubs; see instructions for details.) 14,350 Installment payment amount 14,350. 2 MTA surcharge Declaration of estimated tax 43,050. 3 4 MTA surcharge Designee's name (print) Third - party Designee's phone number designee No X Designee's e-mail address (see instructions) Certification: I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete. Printed name of authorized person Signature of authorized person Official title BRANDYE MERRIWEATHER Authorized PRESIDENT person E-mail address of authorized Date RETURNMUST BE F-05-01-24 employed annot be paper filed - this Preparer's PTIN or SSN Paid P01599383 prepare ignature of individual preparing this return Address NICOLE COPY TESTO ON TOTAL STATE ZIP code NICOLE COPY TESTO ON TOTAL STATE OF THE NICOLE STAT use only E-mail address of individual preparing this return Preparer's NYTPRIN Excl. code Date NICOLE. WHITE@FREEDMAXICK.COM See instructions for where to file

******* MM & 1224 260000000001435000

368771 11-13-23



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 Return type (required) Beginning (mm-dd-yyyy) Ending (mm-dd-yyyy) **-***4226 MM8 CT13 01-01-24 12-31-24 Business telephone number State or country of incorporation Date of incorporation Installment due date 716-856-6525 12-16-24 Foreign corporations: date began Legal name of corporation BUFFALO URBAN DEVELOPMENT CORPORATION Street address or PO Box For office use only 95 PERRY STREET, 404 City ZIP code State **BUFFALO** NY 14203 Payment enclosed A. Make payable to: New York State Corporation Tax Enclose your payment. (Detach all check stubs; see instructions for details.) 14,350 Installment payment amount 14,350. 2 MTA surcharge Declaration of estimated tax 3 43,050. Designee's name (print) Third - party Designee's phone number No X designee Designee's e-mail address (see instructions) Certification: I certify that this form and any attachments are to the best of my knowledge and belief true, correct, and complete. Printed name of authorized person Signature of authorized person Official title BRANDYE MERRIWEATHER Authorized PRESIDENT person E-mail address of authorizad EDITOR NO MUST BE F-BMERRIWEATHE 05-01-24 FREED MAXION START, IN CANNOT be paper filed - this Preparer's PTIN or SSN Paid P01599383 preparei NICOLE CONTESTO OH TEXT NICOLE CITY TO COLOR OF THE TOTAL PROPERTY OF THE NICOLE CITY OF use only E-mail address of individual preparing this return Preparer's NYTPRIN Excl. code Date OF NICOLE.WHITE@FREEDMAXICK.COM See instructions for where to file

****** MM & 1224 260000000001435000



Office of Processing and Taxpayer Services W A Harriman Campus, Albany NY 12227

Taxpayer ID: **-**4226

Taxpayer name: BUFFALO URBAN DEVELOPMENT CORPORATION

You must file this New York State corporation tax return electronically.

Individual taxpayers and paid preparers who use software to prepare their returns or their clients' returns, but file on paper, are subject to penalties.

E-filing has many advantages:

- It is fast, easy, and secure.
- There are no additional costs. Once you've paid for your New York State tax preparation software, you can e-file your New York State
 return for free.

90% of New Yorkers enjoy the benefits of e-filing.

If you are a corporation:

Because you prepared this New York State tax return using software, you must file it electronically.

If you are a paid preparer:

Because you prepared this return using software, you must e-file it. If you file a paper New York State tax return, you will be in violation of New York State law and subject to penalties.

If you are a corporation that used a paid preparer:

Since your preparer used software to prepare this return, it must be e-filed. If your tax return preparer gave you a paper New York State tax return with instructions to mail it, contact them and request that they file it electronically.

There is no charge for e-filing:

New York State Tax Law prohibits your tax preparer from charging you a separate or additional fee for e-filing your New York State tax return.

If you cannot e-file you must include Form CT-2:

If an individual corporation or a paid preparer does not meet the requirements to e-file, a software-generated Form CT-2, Corporation Tax Return Summary, must be included with the paper return to ensure the return is considered processible.

Questions?

Visit our website for more information about New York's e-file mandate.

1019

TR-573-CT (9/16)

www.tax.ny.gov



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

- 1	Legal name of corporation			
	1. BUFFALO URBAN DEVELOPMENT CORPORATION Payment enclosed	2.		
3	Return type		3. CT	13
4	Employer ID number (EIN)		4. **.***42	
5	File number (FCC)			M8
6	Period beginning date (mm-dd-yy)			23
7	Period ending date (mm-dd-yy)		7. 12-31-	23
8	Amended (<i>Y</i> =1; <i>N</i> =0)		8.	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.	42,985.	00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	15.		
16	Balance due	16.		
17	Amount of overpayment credited to next period - NYS	17.	12,635.	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	٠ .		
25	New York receipts	25.		
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?		26.	
27	Paid preparer's EIN		27. **-***113	33
28	Preparer's NYTPRIN		28.	
29	Excl. code		29. (03

541001231019

For office use only

Page 2 of 2 CT-2 (2023)

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.	7
			_
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$; $N = 2$; Both = 3)	40.]
	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)	40.	_]
40		40.	_]]
40 41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Nor	40. ne = 0; Y = 1; N = 2; Both = 3) 41.	_ _ _
4 0 4 1 4 2	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Nor Overpayment credited to next year's tax - NYS	40. ne = 0; Y = 1; N = 2; Both = 3) 41.	
40 41 42 43	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	40. ne = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.	
40 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	40.	
40 41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Nor Overpayment credited to next year's tax - NYS Overpayment credited to next year's tax - MTA Refund of overpayment - NYS Refund of overpayment - MTA	40.	
40 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	40.	





Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2023

TR-579-CT

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.

5 (syptem proposition			ti reop it for your	rccords.
Legal name of corporation BUFFALO URBAN DEVELOPMEN	T CORPOR	RATION		
Return type (mark an X for all that apply): CT-3 CT-3-A	СТ-3-М	CT-3-S	CT-13 X	CT-33
	CT-183	CT-183-M		
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-S, New York S Corporation Franchise Tax Return; CT-13, Jurelated Business Income Tax Return; CT-33, Life Insurance Corporation Franchise Tax Return; CT-33-C, Captive Insurance Company Franchise Tax Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-M, Insurance Corporation MTA Surcharge Return; CT-33-M, Insurance Corporation Franchise Tax Return; CT-183, Transportation and Transmission Corporation Franchise Tax Return on Capital Stock; CT-183-M, Transportation and Transmission Corporation MTA Surcharge Return; CT-184, Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings; CT-184-M, Transportation ind Transmission Corporation Tranchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation Tranchise Tax Return on Gross Earnings; CT-184-M, Transportation and Transmission Corporation Tranchise Tax 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 Amount of authorized debit	electronicall ERO are req both the pai as the paid is the paid website at w. Do not mail keep this for request. Do not use the six-Month Earth of the paid is th	uired to sign Part B d preparer and the loreparer. It is not ne tote that an electronic C. (2)l, E-File Author Preparer for Electronic Preparer for Electronic This form to the Tam for three years and this form for electronic tension to File (for its 5.3, Request for Six Peturn, or combined usest for Six-Month Electronic Total CT-5.6, Ref. (for utility corporation); CT-5.9, Request e 9 tax returns, MTA and the Extension to File of utility services tax attended utility attended utility attended utility attended utility attended utility attended utility attended utility attended utility attended utilit	ax returns. Both the However, if an inc ERO, he or she is of cessary to include a signature can be rizations (TR-579 femically Filed Tax R and this document. It is to the control of the	e paid preparer and the dividual performs as only required to sign the ERO signature in used as described in orms) for Taxpayers eturns. Go to our ROS/paid preparers murax Department upon T-5, Request for taxes, MTA surcharge, to File (for combined)
2 Financial institution souting number	**!************************************		. 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-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the Information on this 2023 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, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2023 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 signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2023 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest 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	05-01-24

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2023 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2023 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2023 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 2023 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 FREED MAXICK CPAS, P.C.	Print name FREED MAXICK CPAS, P.C.	Date 05-01-24
Paid preparer's signature NICOLE M. WHITE	Print name NICOLE M. WHITE	Date 05-01-24

	NEW CT-1	19 De	partment of Taxa	tion and Finance						
	YORK GI-	io u	Inrelate	ed Busin	ess	Incom	e			
	STATE		ax Ret							
	2023 mended	-	u/() (U)		Α	II filers ente	er tax peri	od:		
	return		ax Law - Ar		b	eginning	1-01-	-23	endi	ng 12-31-23
	Employer identification number (EIN)		File number	Business telephon	e number					if you claim an
	-*4226		8MM	716-856	6-65	25				overpayment, mark an χ in the box
	Legal name of corporation					Trade name/D	BA			1 0
	BUFFALO URBAN DEVELO	PMENT CO	ORPORAT	rion						
	Mailing address					State or count	ry of incorpora	ation		
	Care of (c/o)									
	Number and street or PO Box					Date of incorp	oration	Fore	ign corpo	vations: date began business in NY
	95 PERRY STREET, 404									
	City U.S. state/Cana	adian province	ZIP/Postal code	Country (if no	ot United	States)		For	office use	only
	BUFFALO, NY 14203	- 4						- 1		
	NAICS business code number (from federal return)	If you need	to update ye	our address or p	phone i	nformation				
li		for corporat	tion tax, or o	ther tax types,	you car	n do so		- 1		
	Principal unrelated business activity (see instructions)			nline. See <i>Busin</i>				- 1		
	SEE STATEMENT 1			orm CT-1.				1		
F	orm CT-247, Application for Exemption f	from Corporatio	n Franchise	Taxes by a Not-	-For-Pro	ofit				
	Organization - Have you filed this New	w York State ap	plication for	exemption? (se	ee instru	uctions)				Yes No X
					- 2	6" 2	100			
M	ark an χ in this box if you are an employ	ee trust as defi	ned in Intern	al Revenue Co	de (IRC)	section 40	1(a)			
N	lark on 14 in this has if you assess a sur-	ting the unrelets	ad buginasa	aloude - Alou Alou		بالطف بط استست				
	ark an χ in this box if you ceased operat	ung me umetati	eo business	during the tax y	ear cov	vered by this	s return			A11
	(see section Who must file Form CT-13	in the instructio	ns)		Silver	-				•
	(see section Who must file Form CT-13) A. Pay amount shown on line 22. Make	in the instruction	ons)	R Corporation T	av	-		ΤΤ		Payment enclosed
	(see section Who must file Form CT-13	in the instruction	ons)	R Corporation T	av	-		A		
	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al	in the instruction	ons)	R Corporation T	av	-			********	
	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax	in the instruction payable to: Ne payable to: Ne lill check stubs.	ns) ew York State (See instruct	e Corporation Ta tions for details.	ax .)		Į.			Payment enclosed
	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by	in the instruction payable to: Ne ill check stubs.	ons)	e Corporation Tations for details.	(ax .) 000 spe	cific deductio	n	A	1	
[]	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by New York State Article 13 and Article 2	in the instruction payable to: Ne payable to: Ne ill check stubs.	ew York State (See instruct ng loss deduct on federal r	e Corporation To tions for details. tion and after \$1,	ax .) 000 spe	cific deductio	n	A		Payment enclosed
[]	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by New York State Article 13 and Article 2 Additions required for shareholders of the state of the st	in the instruction payable to: Ne apayable to: Ne all check stubs. before net operation of the companion of	ns) ew York State (See instruct ng loss deduct d on federal relations (see	e Corporation To	ax .) 000 spe	cific deductio	n		1	Payment enclosed
[]	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of N Grossed-up taxes for shareholders of N	in the instruction payable to: Ne lil check stubs. before net operation of the composition of the compositi	ew York State (See instruct Ing loss deduct on federal relations (see	e Corporation Tations for details. tion and after \$1, return	āx .) 000 spec	cific deductio	n	A	1 2	Payment enclosed
G 3 4 5 5	A. Pay amount shown on line 22. Make Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by New York State Article 13 and Article 2 Additions required for shareholders of N Grossed-up taxes for shareholders of N Other additions (see instructions)	in the instruction payable to: Ne payable to: Ne lll check stubs. before net operation of the companion of	ew York State (See instruct Ing loss deduct Ing on federal relations (see	e Corporation Tations for details. tion and after \$1, return instructions)	ax) 000 spei	cific deductio	n	A	1 2 3	A77,615.
Z 3 4 5 6	(see section Who must file Form CT-13 A. Pay amount shown on line 22. Make ■ Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of N Grossed-up taxes for shareholders of N Other additions (see instructions) Add lines 1 through 5	in the instruction payable to: Ne ill check stubs. before net operation at the composition of the compositi	ew York State (See instruct Ing loss deduct on federal relations (see	e Corporation T. tions for details. tion and after \$1, return instructions)	(ax (ax (b)	cific deductio	n	A	1 2 3 4	Payment enclosed
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2 3 4 5 6 7 7 8 9 10 11 12 13 14 15 16	A. Pay amount shown on line 22. Make A. Pay amount shown on line 22. Make Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by New York State Article 13 and Article 23 Additions required for shareholders of Note of the Grossed-up taxes for shareholders of Note of the Additions (see instructions) Add lines 1 through 5 Other income (see instructions) Federal S corporation shareholder subto Other subtractions (see instructions) Total subtractions (see instructions) Total subtractions (add lines 7, 8, and 9) Taxable income before net operating los New York net operating loss deduction Taxable income (subtract line 12 from line Allocated taxable income (multiply line from line 13 if allocation is not claime Tax based on income (multiply line 14 by Minimum tax	in the instruction payable to: Ne pa	nns) ew York State (See instruct ng loss deduct d on federal relations (see coorations (see coorations) subtract line and NYS coo	e Corporation Tations for details. tion and after \$1, return instructions) ee instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 6 10 11 12 13 4	477,615. 477,615. 477,615. 477,615. 477,615. 42,985. 250.00
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Pay amount shown on line 22. Make Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income by New York State Article 13 and Article 23 Additions required for shareholders of 14 Grossed-up taxes for shareholders of 15 Other additions (see instructions) Add lines 1 through 5	in the instruction payable to: Ne pa	nns) ew York State (See instruct ng loss deduct d on federal relations (see corations (see corations) subtract line and NYS cor	e Corporation Tations for details. tion and after \$1, return instructions) ee instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 6 10 11 12 13 4 5 5	477,615. 477,615. 477,615. 477,615. 477,615. 477,615. 250.00 42,985.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Pay amount shown on line 22. Make A. Pay amount shown on line 22. Make Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of the Grossed-up taxes for shareholders of the Grossed-up taxes for shareholders of the Other additions (see instructions) Add lines 1 through 5 Other income (see instructions) Federal S corporation shareholder subtoucher subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Taxable income before net operating los New York net operating loss deduction Taxable income (subtract line 12 from line Allocated taxable income (multiply line from line 13 if allocation is not claime Tax based on income (multiply line 14 be Minimum tax Tax (line 15 or line 16, whichever is large Total prepayments from line 46	in the instruction payable to: Ne pa	nns) ew York State (See instruct ng loss deduct d on federal retains (see corations (see corations) subtract line and NYS co.	e Corporation Tations for details. tion and after \$1, return instructions) ee instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 6 10 11 12 13 4 5 6 6	477,615. 477,615. 477,615. 477,615. 477,615. 42,985. 250.00
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Pay amount shown on line 22. Make Attach your payment here. Detach al Omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of the Grossed-up taxes for shareholders of the Grossed-up taxes for shareholders of the Other additions (see instructions) Add lines 1 through 5 Other income (see instructions) Federal S corporation shareholder subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Taxable income before net operating los New York net operating loss deduction Taxable income (subtract line 12 from line Allocated taxable income (multiply line from line 13 if allocation is not claime from line 13 if allocation is not claime Tax based on income (multiply line 14 be Minimum tax Tax (line 15 or line 16, whichever is large Total prepayments from line 46 Balance (if line 18 is less than line 17, su	in the instruction payable to: Ne payable to: Ne ill check stubs. before net operation payable to: Ne ill check stubs. before net operation payable to payable to: Ne payable to: Ne payable to paya	ng loss deduction federal retrieval (See instructions) ng loss deduction federal retrieval (See coorations (See coorations (See coorations)) subtract line and NYS cooration for the cooration federal retrieval (See coorations)	e Corporation Tations for details. tion and after \$1, return instructions) ee instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 10 11 12 13 4 5 6 7 8	477,615. 477,615. 477,615. 477,615. 477,615. 477,615. 250.00 42,985.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Pay amount shown on line 22. Make A. Pay amount shown on line 22. Make Attach your payment here. Detach al omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of N Other additions (see instructions) Add lines 1 through 5 Other income (see instructions) Federal S corporation shareholder subtrother subtractions (see instructions) Total subtractions (see instructions) Total subtractions (add lines 7, 8, and 9 Taxable income before net operating los New York net operating loss deduction Taxable income (subtract line 12 from line Allocated taxable income (multiply line from line 13 if allocation is not claime Tax based on income (multiply line 14 be Minimum tax Tax (line 15 or line 16, whichever is large Total prepayments from line 46 Balance (if line 18 is less than line 17, su Interest on late payment (see instruction)	in the instruction payable to: Ne payable to: Ne ill check stubs. before net operation payable to: Ne ill check stubs. before net operation payable to payable to: Ne ill check stubs. before net operation payable to pa	ng loss deduction federal retrieval (See instructions) ng loss deduction federal retrieval (See corations (See corations (See corations)) subtract line and NYS coration for the second line 17)	e Corporation Tations for details. tion and after \$1, return instructions) ae instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	477,615. 477,615. 477,615. 477,615. 477,615. 477,615. 250.00 42,985.
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Pay amount shown on line 22. Make Attach your payment here. Detach al Omputation of income and tax Federal unrelated business taxable income be New York State Article 13 and Article 2 Additions required for shareholders of the Grossed-up taxes for shareholders of the Grossed-up taxes for shareholders of the Other additions (see instructions) Add lines 1 through 5 Other income (see instructions) Federal S corporation shareholder subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Total subtractions (see instructions) Taxable income before net operating los New York net operating loss deduction Taxable income (subtract line 12 from line Allocated taxable income (multiply line from line 13 if allocation is not claime from line 13 if allocation is not claime Tax based on income (multiply line 14 be Minimum tax Tax (line 15 or line 16, whichever is large Total prepayments from line 46 Balance (if line 18 is less than line 17, su	in the instruction payable to: Ne payable to: Ne ill check stubs. before net operation in the payable to: Ne ill check stubs. before net operation in the payable to in the payable to in the payable i	nns) ew York State (See instruct ng loss deduct on federal retains (see corations (see corations) subtract line and NYS co. %	tion and after \$1, return instructions) 10 from line 6) mputations; see	7 8 9	cific deductio	n	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 3 4 5 6 6 7 8 8 9 0 0	477,615. 477,615. 477,615. 477,615. 477,615. 477,615. 250.00 42,985.

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

23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)

24 Amount of overpayment on line 23 to be credited to next year

25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)



368421 09-26-23

12,635.

12,635.

23

If yo	nedule A - Unrelated I u did not maintain a regular shouse, or other space regul ocation, nature of activities,	place of business out arly used by the taxpa	side New York State, la ayer in its unrelated bu	eave this schedule siness. If you clair	e blank. all	A regular place of bus ocation, attach a list c	iness is if each	s any office, fac place of busine
Δνα	erage value of:			A New York S	tato	B Everywhere	,	
	-		lac l	New Tork o	tate	Lverywriere		-
	Real estate owned (see ins				-	-	_	-
28	Gross rents (attach list; see	instructions)						-
29	Inventories owned Other tangible personal pro	norty owned (t	28					4
						-		-
30	(1	-	<u> </u>
Red	Percentage in New York Steipts in the regular ce	ourse of busines	lumn A, by line 30, coll s from:	ımn B)			. 31	1
	Sales of tangible personal				1			ר
-	points within New York		32	A		46		
33	All sales of tangible person			100	13			1
	Services performed				6			1
35	Rentals of property			Zin Ni	(in			1
36	Other business receipts	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	36	THE RESERVE	No.			1
				V6. A	10			1
	Total (add lines 32 through			(1875) XVIV			100	
30	Percentage in New York St Wages, salaries, and other	componentian of omp	lumn A, by line 37. coll	imn B)		T	. 38	-
-			140310	1000				ŀ
40	(except general executive			D)			140	
41	Percentage in New York State p	ercentages (-dd li-	urnn A, by line 39, coll	mn B)			. 40	
42	Total of New York State p Business allocation percent	ane diside lies at he	531,38, and 40)			***************************************		
Con	position of prepayme	ents claimed on	line 18*	r ot percentages)		Date paid	42	Amount
	Payment with extension req				43		_	
44a	Second installment from Fo	rm CT-400	·	***************************************	44a		\vdash	
44h	Third installment from Form	CT-400	• • • • • • • • • • • • • • • • • • • •		44b		\vdash	
44c	Fourth installment from For	n CT-400		••••••	44c		_	
45	Amount of overpayment cre	dited from prior years	· · · · · · · · · · · · · · · · · · ·			45	_	2,90
46	Total prepayments (add line	s 42 through 45; onto	r hard and an line 10\	SEE	ያ ርጥል	TEMENT 2 46	7	55,62
	* Toynovers subject to the	s 43 triiougii 45, eritei	r nere and on line roj			1 11111111 2 140		33,02
	* Taxpayers subject to the If you did make these uni	required payments, re	port them on lines 44a	ired to make estin ., 44b, and 44c.	nated ta:	x payments.		
\me	nded return informati	on						
filing	an amended return, mark a	n x in the box for any	v items that apply and	attach document	ation			
		,, were ter uni	, and apply and	a.aon aooamana	auvil.			
inal f	ederal determination	• 🗔 If I	marked, enter date of	determination:	•			
					-			
		• Fe						



368431 09-26-23

Third - par designed		Desig	gnee's phone number					
instruction						PIN 02010		
Certificatio	certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.							
Authorize								
person	person Email address of authorized person Telephone number BMERRIWEATHER@EDICANY.COM 716-479-3							
	Firm's name (or yours if self-employed) FREED MAXICK CPAS, P.(Z.	111	Firm's EIN F * - * * * 1133		arer's PTIN or SSN 1599383		
Paid preparer use	eparer Signature of Individual preparing this return Address City					ZIP code		
only	NICOLE M. WHITE	BATAVIA, NY 140	20-3	110				
(see instr.)	Email address of individual preparing this re NICOLE.WHITE@FREEDMAX		Preparer's	NYTPRIN or Excl. co	de Date	e 05-01-24		

See instructions for where to file.



368432 09-26-23

FORM CT-13	PRINCIPAL	UNRELATED	BUSINESS	ACTIVITY	STATEMENT 1

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

FORM CT-13	OTHER PREPAYMENTS		STATEMENT 2
DESCRIPTION OF PREPAYMENT		DATE PAID	AMOUNT
FORM CT-400 INSTALLMENT FORM CT-400 INSTALLMENT		06-12-23 04-17-23	10,636. 15,000.
FORM CT-400 INSTALLMENT FORM CT-400 INSTALLMENT		09-12-23 12-12-23	13,540. 13,540.
TOTAL OTHER PREPAYMENTS TO H	FORM CT-13, LINE 44C	A. Carrier	52,716.
	All 1		