FREED MAXICK CPAS, P.C. 424 MAIN STREET, SUITE 800 BUFFALO, NEW YORK 14202-3508 716-847-2651

NOVEMBER 13, 2024

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC. 436 GRANT STREET BUFFALO, NY 14213

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.:

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

2023 FORM 990

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.

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC. 436 GRANT STREET BUFFALO, NY 14213

PREPARED BY:

FREED MAXICK CPAS, P.C. 424 MAIN STREET, SUITE 800 BUFFALO, NY 14202-3508

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024.

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.

Form 8879-TE

IRS E-file Signature Authorization for a Tax Exempt Entity

Enuty

For calendar year 2023, or fiscal year beginning _______, 2023, and ending

, 2023, and ending _____ , 20 ___

2023

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 WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

EIN or SSN 20-4230463

Name and title of officer or person subject to tax

CAROLYNN WELCH EXECUTIVE DIRECTOR

Part I Type of Return and Return Information
--

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

lian on	e iii e ii i ait i.			
1a	Form 990 check here	X	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь <u>6,918,706.</u>
2a	Form 990-EZ check here		Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check here		Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here		Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here		Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and S	ignatur	e Authorization of Officer or Person Subject to Tax	
Jnder p	penalties of perjury, I declare that	at XI	am an officer of the above entity or $$	respect to (name
of entity	<i>(</i>)		, (EIN) and that I	have examined a copy of the
			lules and statements, and, to the best of my knowledge and belief, they ar	

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PI	N:	check	one	box	only

X authorize FREED MAXICK CPAS, P.C.	
---------------------------------------	--

to enter my PIN

20210

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

number (EFIN) followed by your five-digit self-selected PIN.

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

16649020210

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS _{e-file} Providers for Business Returns.

ERO's signature

FREED MAXICK CPAS, P.C.

Date 11/13/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2023
Open to Public

Department of the Treasury Internal Revenue Service

Α	For the	2023 calendar year, or tax year beginning and	ending					
В	Check if applicable	MESIMINSTER ECONOMIC DEVELOPMENT		D Employer identific	cation number			
	change	INITIATIVE, INC.						
	Name change	Doing business as		20-42304	63			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 436 GRANT STREET	E Telephone numbe 716-393-	one number 5-393-4088				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,944,027.				
	Ameno	BUFFALO, NY 14213		H(a) Is this a group re	eturn			
	Applic tion	F Name and address of principal officer: CAROLYNN WELCH		for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
$\overline{\Gamma}$	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions			
J	Websit	e: WWW.WEDIBUFFALO.ORG		H(c) Group exemptio	n number			
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2006	M State of legal domicile: NY			
	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: ${{ t FOR}}$ ${{ t A}}$	ALL RE	SIDENTS OF V	WNY TO			
Governance		SUCCEED AND THRIVE IN A CULTURALLY INCLUS						
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	sets.			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	16			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			16			
8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	58			
/itie	6	Total number of volunteers (estimate if necessary)			60			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		2,979,811.	6,714,496.			
Revenue	9	Program service revenue (Part VIII, line 2g)		172,878.	186,939.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-21,906.	24,756.			
α.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		116,384.	-7,485.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,247,167.	6,918,706.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		21,640.	1,763.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,595,286.	1,375,970.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ω	b	Total fundraising expenses (Part IX, column (D), line 25) 276,69	98.					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		678,805.	1,095,804.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,295,731.	2,473,537.			
_	19	Revenue less expenses. Subtract line 18 from line 12		951,436.	4,445,169.			
Net Assets or	g			ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		10,403,298.	12,601,013.			
t As	21	Total liabilities (Part X, line 26)		4,794,416.	2,551,962.			
<u></u>	22	Net assets or fund balances. Subtract line 21 from line 20		5,608,882.	10,049,051.			
	art II	Signature Block						
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.				
		0:						
Sig	n	Signature of officer		Date				
He	re	CAROLYNN WELCH, EXECUTIVE DIRECTOR						
		Type or print name and title	l e	Data I F	DTIN			
		Print/Type preparer's name Preparer's signature	I	Date Check Check if	PTIN			
Pai		MARY MADONIA MARY MADONIA		1/13/24 self-employ				
	parer	Firm's name FREED MAXICK CPAS, P.C.		Firm's EIN 4	5-4051133			
Use	Only	Firm's address 424 MAIN STREET, SUITE 800			C 04E 0CE1			
_		BUFFALO, NY 14202-3508		Phone no. 71	6-847-2651			
Ma	v the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			

INITIATIVE, INC. 20-4230463 Page **2** Form 990 (2023) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: WEDI STRENGTHENS COMMUNITIES THROUGH A CONTINUUM OF EDUCATIONAL AND FINANCIAL RESOURCES, REMOVING SYSTEMIC BARRIERS TO ECONOMIC EQUITY FOR ALL WESTERN NEW YORKERS. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes." describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 796 , 189 _ including grants of \$ 1,763.) (Revenue \$ 161.326.) (Expenses \$ COMMUNITY DEVELOPMENT - WEST SIDE BAZAAR AND DOWNTOWN BAZAAR SMALL BUSINESS INCUBATOR LOCATED IN AN ETHNICALLY DIVERSE NEIGHBORHOOD IN A COMMERCIAL DISTRICT IN BUFFALO, NEW YORK. WESTMINISTER ECONOMIC DEVELOPMENT INITIATIVE (WEDI) IS DEDICATED TO OFFERING MERCHANTS A SAFE, NURTURING, AND AFFORDABLE ENVIRONMENT TO GROW THEIR "GRASSROOTS" BUSINESSES. WEDI IS COMMITTED TO OFFERING CLIENTS BUSINESS COACHING, FINANCIAL MENTORING, LOW INTEREST LOANS, NETWORKING/MARKETING OPPORTUNITIES, AND STEADY CUSTOMER TRAFFIC. 708,623. including grants of \$ 25,613. 4h) (Expenses \$) (Revenue \$ ECONOMIC DEVELOPMENT - PROVIDED A COMPREHENSIVE MODEL FOR GENERATING WEALTH FOR MOTIVATED INDIVIDUALS THROUGH THE CREATION OR EXPANSION OF SMALL BUSINESS. WEDI'S PROGRAM IS UNIQUE IN ITS ABILITY TO PROVIDE A BROAD RANGE OF SERVICES, UTILIZING EXISTING COMMUNITY RESOURCES WHEN AVAILABLE, AND MOLD THE PROCESS TO EACH INDIVIDUAL. THIS IS DONE THROUGH MENTORS, WHO WORK WITH CLIENTS INDIVIDUALLY AND THROUGH PARTNERSHIPS WITH LOCAL ORGANIZATIONS. WEDI CAN PROVIDE A RANGE OF SERVICE FROM BASIC FINANCIAL LITERACY TO SPECIALIZED TRAINING AND TECHNICAL ASSISTANCE. WEDI OFFERS A MICRO LOAN PROGRAM THAT OFFERS SMALL, TARGETED LOANS FOR BUSINESS CREATION OR EXPANSION IN WEDI'S TARGET AREA THAT CAN DIRECTLY RESULT IN INCREASED INCOME AND WEALTH GENERATION. 326,022. including grants of \$) (Revenue \$ EDUCATION, NURTURE, ENCOURAGEMENT, READINESS, AND GROWTH FOR YOUTH (ENERGY), LAUNCH, AND FOCUSED LEARNING FOR YOUTH (FLY) THE FOCUS OF THESE PROGRAMS IS TO HELP ENGLISH LANGUAGE LEARNERS SPECIFICIALLY STUDENTS WITH INTERRUPTED FORMAL EDUCATION (SIFE) IMPROVE MORE QUICKLY, ACADEMICALLY, AND SOCIALLY THAN THEY WOULD WITHOUT ENERGY, LAUNCH, OR FLY'S INPUT OUTSIDE OF SCHOOL. CHILDREN RECEIVE HOMEWORK AND ACADEMIC SUPPORT, ENJOY A SHARED FAMILY STYLE MEAL AND GAIN ACCESS TO INDIVIDUAL ADULT MENTORS AND TUTORS.

332002 12-21-23

including grants of \$

1,830,834.

Total program service expenses

Other program services (Describe on Schedule O.)

Form **990** (2023)

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			3,7
	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	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	_
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
L	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	Λ	х
13 140	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
		144		1
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	170		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	··		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	_ 		
••	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	<u> </u>		
. •	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_ -	
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX. column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		x

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Form 990 (2023)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	١		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	, ,	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in 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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	٥		v
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	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?	-3/		<u> </u>
50	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		- 00		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
332004	¥ 12-21-23	Form	990	(2023)

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 58 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

Form 990 (2023)

20-4230463

Page 6

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure 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) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 716-393-4088

436 GRANT STREET, BUFFALO,

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.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box		Pos heck	ition	than o	one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) CAROLYNN WELCH	40.00	_						00.045		10 105
EXECUTIVE DIRECTOR	10.00			Х				83,045.	0.	13,105.
(2) STEPHEN ZENGER	10.00	ļ		l						
BOARD MEMBER/PRESIDENT	1000	Х		Х				0.	0.	0.
(3) KRISTA SCHWARTZOTT	10.00	٠,,							,	0
BOARD MEMBER/VICE PRESIDENT		Х		Х				0.	0.	0.
(4) CONCETTA FERGUSON	2.00	١							•	
BOARD MEMBER		Х						0.	0.	0.
(5) MELANIE JASKOLKA	2.00	.,		,,					_	0
BOARD MEMBER/SECRETARY		Х		Х				0.	0.	0.
(6) LUKE DONIGAN	2.00	.,		,,						0
BOARD MEMBER/ASSIST SECRETARY		Х		Х				0.	0.	0.
(7) JOANN BELLIOTTI	2.00	.,								0
BOARD MEMBER	2 00	Х						0.	0.	0.
(8) INDIA DEWAN	2.00								_	•
BOARD MEMBER	2 00	Х						0.	0.	0.
(9) ZELALEM GEMMEDA BOARD MEMBER	2.00	₩.						0.	0.	0
(10) DONNA GENESKY	2.00	Х						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(11) MICHAEL KENLINE	2.00	Α						0.	0.	<u> </u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) GUSTAVO LIMA	2.00	^						0.	0.	<u> </u>
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) CATHERINE MARCH	2.00	<u> </u>						0.	0.	<u></u>
BOARD MEMBER	2.00	х						0.	0.	0.
(14) BETSY MITCHELL	2.00	<u> </u>						0.	0.	<u></u>
BOARD MEMBER	2.00	x						0.	0.	0.
(15) KATIE O'CONNOR	2.00	22						•	.	<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
(16) LOUISE SANO	2.00		\vdash			\vdash			•	<u> </u>
BOARD MEMBER		х						0.	0.	0.
(17) MIMI STEADMAN	2.00	 						, ·		
BOARD MEMBER		х						0.	0.	0.
									J • 1	Form 990 (2022)

Form 990 (2023)

(C)

(D)

(B)

(A)

(E)

Page 8

(F)

Name and title	Average hours per week	box,	not c	ss per	more rson i	than of s both or/trus	n an	Reportable compensation from	Reportable compensation from related	,	an	timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISO 1099-NEC)		com fr org and	pensa om th anizat d relat anizati	e ion ed
(18) MELISSA WOODS	2.00												
BOARD MEMBER (TO 6/30/23)		X						0.		0.			0.
										$\frac{1}{1}$			
										 			
										$\frac{1}{1}$			
		•											
1b Subtotal								83,045.		0.	1	3,1	05.
c Total from continuation sheets to Part VI								83,045.		0.	1	3,1	<u>0.</u> 05
d Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization										<u>0 • </u>		<i>3</i> , <u>1</u>	0
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		-	•	-		3	Yes	No X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization		J		
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors	<u>ipiete Scriedule</u>	2	or su	ICTI Į	bers	OH .				··· 1			
Complete this table for your five highest co the organization. Report compensation for	•	•							•	ensati	ion fro	om	
(A) Name and business	address	NC	ONE	7.				(B) Description of s	ervices	C	(C ompe		n
		110	7141					2 2 2 2 3 7					<u> </u>
							4						
-													
2 Total number of independent contractors (ii \$100,000 of compensation from the organization from the organiza	•	ot lin	nited	to t	thos (ted	above) who received mo	ore than			000	
										ļ	Form	9 9 0 (2023)

Form 990 (2023) INITIAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							300010113 0 12 0 14
nts		Federated campaigns 1a					
ira ou		Membership dues1b					
s, (Am		Fundraising events 1c	86,578.				
ij r	d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contributions) 1e 3,	504,676.				
i Si	f	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f 3,	123,242.				
ÖĘ	g	Noncash contributions included in lines 1a-1f					
Sign	h	Total. Add lines 1a-1f		6,714,496.			
<u> </u>	-		Business Code	, ,			
	2 a	COMMUNITY DEVELOPMENT	900099	105,928.	105,928.		
Program Service Revenue		RENTAL INCOME	900099	55,398.	55,398.		
e e			900099	25,613.	25,613.		
n S	С		900099	23,013.	23,013.		
e a	C						
6	е						
<u>م</u>		All other program service revenue					
	g	Total. Add lines 2a-2f		186,939.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)		24,756.			24,756.
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		` ` `	(ii) Other				
	/ a		(ii) Other				
		assets other than inventory 7a					
-	b	Less: cost or other basis					
an		and sales expenses					
ě.		Gain or (loss) 7c					
her Revenue		Net gain or (loss)					
Ē	8 a	Gross income from fundraising events (not					
₹		including \$86,578. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	11,561.				
	b	Less: direct expenses 8b	25,321.				
		Net income or (loss) from fundraising events		-13,760.			-13,760.
		Gross income from gaming activities. See		,			,
	Ja	Part IV, line 19 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
			T				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
S			Business Code	4			
o o	11 a	MISCELANEOUS	900099	6,275.			6,275.
ane	b						
Miscellaneous Revenue	c						
Jisc B	d	All other revenue					
2	_ е	Total. Add lines 11a-11d		6,275.			
	12	Total revenue. See instructions		6,918,706.	186,939.	0.	17,271.

20-4230463 Page 10 INITIATIVE, INC. Form 990 (2023) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 1,763. 1,763. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 57,472. 83,045. 12,681. 12,892. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,109,999. 768,187. 169,500. 172,312. Other salaries and wages 7 Pension plan accruals and contributions (include 43,963. 29,581. 7,132. 7,250. section 401(k) and 403(b) employer contributions) 74,259. <u>49,</u>967. 12,046.12,246. Other employee benefits 9 64,704. 45,500. 9,523. 9,681. 10 Payroll taxes 11 Fees for services (nonemployees): Management 10,825. 5,732. 4,332. 761. Legal 20,030. 37,825. 15,137. 2,658. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 17,521. 249,317. 132,027. 99,769. column (A), amount, list line 11g expenses on Sch O.) 4,197. 3,397. 800. Advertising and promotion 12 95,128. 60,333. 16,700. 18,095. Office expenses 13 7,509. 5,053. 1,218. 1,238. Information technology 14 15 Royalties 1,89572,798. 70,351. 552. 16 Occupancy 55,935. 53,697. 1,025. 1.213. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 200,500. 200,500. 20 Payments to affiliates 21 $13, \overline{047}$ $1,\overline{631}$ <u>1,631.</u> 16,309. Depreciation, depletion, and amortization 22 55,239. 37,168. 8,961. 9,110. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 109,133. 109,133. FOOD BAD DEBT EXPENSE 75,187. 75,187. 65,330. 58,798. REPAIRS AND MAINTENANCE 6,532.

Form **990** (2023)

1,072.

1,134.

276,698.

25

30,550.

10,022.

2,473,537.

SUPPLIES

Check here

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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

2,920.

1,535.

366,005.

26,558.

1,830,834.

7.353.

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,136,997.	1	933,710.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	1,293,857.	3	3,221,126. 4,310.		
	4	Accounts receivable, net	114,240.	4	4,310.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net	197,323.	7	302,684.		
Assets	8	Inventories for sale or use		8			
ğ	9	Prepaid expenses and deferred charges	15,296.	9	11,876.		
	10a	Land, buildings, and equipment: cost or other	.				
		basis. Complete Part VI of Schedule D	10a	106,979. 54,554.			
	b	Less: accumulated depreciation	10b		52,414.	10c	52,425.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		C F02 1F1	14	0 054 000	
	15	Other assets. See Part IV, line 11			6,593,171.	15	8,074,882.
	16	Total assets. Add lines 1 through 15 (must e			10,403,298.	16	12,601,013.
	17	Accounts payable and accrued expenses		ı	403,915.	17	131,250.
	18	Grants payable			55,138.	18	20 076
	19	Deferred revenue			33,130.	19	30,876.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sul controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unr			3,382,523.	23	2,313,193.
	24	Unsecured notes and loans payable to unrela			3,302,323	24	2,313,133.
	25	Other liabilities (including federal income tax,				27	
		parties, and other liabilities not included on lir					
		of Schedule D		952,840.	25	76,643.	
	26	Total liabilities. Add lines 17 through 25			4,794,416.	26	2,551,962.
		Organizations that follow FASB ASC 958, c	heck her	e X			, ,
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			548,391.	27	9,356,101.
Bal	28	Net assets with donor restrictions			5,060,491.	28	692,950.
pu		Organizations that do not follow FASB ASC	958, ch	eck here			
Ē		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
Ret	32	Total net assets or fund balances			5,608,882.	32	10,049,051.
	33	Total liabilities and net assets/fund balances			10,403,298.	33	12,601,013.
							Form 990 (202

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 47		
3	Revenue less expenses. Subtract line 2 from line 1	3		, 44		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5	,60	8,8	<u>82.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		-	5,0	00.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	,04	9,0	<u>51.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Total

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

WESTMINSTER ECONOMIC DEVELOPMENT **Employer identification number** Name of the organization INITIATIVE 20-4230463 INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

20-4230463 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1476014.	1994526.	4714674.	2979811.	6714496.	17879521.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1476014.	1994526.	4714674.	2979811.	6714496.	17879521.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1596228.
6	Public support. Subtract line 5 from line 4.						16283293.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1476014.	1994526.	4714674.	2979811.	6714496.	17879521.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					24,756.	24,756.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	64,725.	1,676.	331.	3,749.	6,275.	
11	Total support. Add lines 7 through 10						17981033.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	992,218.
13	First 5 years. If the Form 990 is for the	•				. , . ,	
_	organization, check this box and stor						
	tion C. Computation of Publi					<u> </u>	00 56
	Public support percentage for 2023 (I					14	90.56 %
	Public support percentage from 2022					15	80.73 %
16a	33 1/3% support test - 2023. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the d						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	· ·					•
	and if the organization meets the fact			=	•	_	
	meets the facts-and-circumstances te	-	•	*	-	7	
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 1/a, or 17b	, cneck this box ar	nd see instruction	s

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u>-</u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

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		
Sa		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
8		
9a		
0.		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2023

332024 12-21-23

Sche	dule A (Form 990) 2023 INITIATIVE, INC. 20-	423046	3 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	, , , , , , , , , , , , , , , , , , ,		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	, · ·			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion of Type it oupporting organizations		V	T
_	Many and the China and the Control of the Control of the Control of the Control of the China discount		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
500	tion B. All Type III Supporting Organizations			T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

За

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

20-4230463 Page 6 INITIATIVE, INC. Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3

Schedule A (Form 990) 2023

5

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

4 5

6

Enter greater of line 2 or line 3.

instructions)

Income tax imposed in prior year

emergency temporary reduction (see instructions)

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

Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	nizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	orraio diotano ni		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	5	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

	Section	n D,	IV, Sect lines 5, (ctions.)	ion D, li 6, and 8	ines 2 and 3; and Part	3; Part I V, Sect	V, Section E, lines 1c, ion E, lines 2, 5, and 6.	2a, 2b, 3a Also com	a, and 3b; Pa aplete this pa	rt V, line 1; Part V, Section B, line 1e; Part V, art for any additional information.	
SCHE	DULE A	Δ,	PART	II,	LINE	10,	EXPLANATIO	1 FOR	OTHER	INCOME:	
MISC	ELLANE	OU	S IN	COME							
2019	AMOUN	IT:	\$	64,	725.						
2020	AMOUN	IT:	\$	1,6	76.						
2021	AMOUN	IT:	\$	331	•						
2022	AMOUN	IT:	\$	3,7	49.						
2023	AMOUN	IT:	\$		7.5						
-											

Schedule A (Form 990) 2023

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
JP MORGAN FOUNDATION	474,333.	114,712.
FIRST NIAGARA FOUNDATION	1,500,000.	1,140,379.
M&T CHARITABLE FOUNDATION	420,000.	60,379.
PETER C. CORNELL TRUST	500,000.	140,379.
JOHN R. OISHEI FOUNDATION	500,000.	140,379.
Total Excess Contributions to Schedule A, Part II, Line 5		1,596,228.

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
2023
Open to Public Inspection

Name of the organization

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number 20-4230463

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	in donor advised fun	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hist	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribut	ion in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included on line 2a		2c
d	Number of conservation easements included on line 2c acquire	red after July 25, 2006, an	d not	
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or ter	minated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enfo	rcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	•	. , , , , ,	
	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 footne	ote to the organization's fi	nancial statements th	at describes the
D -	organization's accounting for conservation easements.	Aut Historical Topos	Oth C	Similar Assats
Pa	t III Organizations Maintaining Collections of		sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			nce of public
	service, provide in Part XIII the text of the footnote to its finan-			
b	If the organization elected, as permitted under FASB ASC 958	·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	esearch in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990 Part X			\$

332051 09-28-23

Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co		t Hist	orical Tre	asures o	r Othe	r Simi		30403		ge ∠
	•								(CONTINU	iea)	
3	Using the organization's acquisition, accession	in, and other record	s, check	any or the	iollowing tha	t make si	ignincar	it use of its			
	collection items (check all that apply).										
a											
b											
C	Preservation for future generations										
4	Provide a description of the organization's co							oose in Part	XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?										
Dai									_ Yes		No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the	organization	n answered "	Yes" on	Form 99	90, Part IV, I	ne 9, or		
	•		d:				:	ــــــــــــــــــــــــــــــــــــــ			
та	Is the organization an agent, trustee, custodia								7 v		NI.
	on Form 990, Part X?							∟	」Yes	ш	No
D	If "Yes," explain the arrangement in Part XIII a	ina complete the fol	llowing t	able:					Amount		
_	Desiration belongs						-		Amount		
	Beginning balance										—
	Additions during the year										—
_	Distributions during the year										—
f	Ending balance								7.,	$\overline{}$	
	Did the organization include an amount on Fo						ity?	L	_ Yes	Н	No
Par	If "Yes," explain the arrangement in Part XIII.										
ı aı	t V Endowment Funds Complete if	(a) Current year		rior year	(c) Two year			e years back	(e) Four	mare h	
4.	Particular and consultations	(a) Current year	(D)	Tioi yeai	(C) TWO year	15 Dack	(u) Tille	e years back	(e) i oui	ycais b	aun
1a	Beginning of year balance										—
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	•	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Term endowment	6									
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.									
3a	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held ar	nd administe	red for th	ne		_		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as requir	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	t VI Land, Buildings, and Equipme										
	Complete if the organization answered	"Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		` ,	t or other (other)		ccumul preciati	I .	(d) Book	value	
1a	Land										
	Buildings			4	6,100.		34,	575.	11	<u>,52</u>	<u> 5.</u>
	Leasehold improvements										
d	Equipment				3,171.		19,	979.		,19	
	Other			1	7,708.					,70	
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X, line 1	0c, column	(B))				52	,42	:5.

Schedule D (Form 990) 2023

WESTMINSTER	ECONOMIC DEV	ELOPMENT	
Schedule D (Form 990) 2023 INITIATIVE,	INC.	20	-4230463 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	<u> </u>		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) ADVANCE OF LEVERAGE LOAN			1,312,048.
(2) SPONCOR LOAN			1,561,947.
(3) INVESTMENT IN WSB BUFFALO	MM, LLC		4,737,381.
(4) DUE FROM RELATED PARTIES			87,502.
(5) OTHER ASSETS			376,004.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	/ (R))		8,074,882.
Part X Other Liabilities	<u>. (D))</u>		0,0,1,0021
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(a) Description of lightility			(b) Book value
(1) Federal income taxes			1-7
(2) REFUNDABLE ADVANCES			66,667.
(3) DEPOSITS			9,976.
			5,510.
(4)			

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

76,643.

(6) (7) (8)

Pai	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
Pa	rt XII Reconciliation of Expenses per Audited Financial S	-	s per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b			
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information	18.)	5	
		d A. Dout IV lines the and Ob. Dout	V line 4: Dest V line 0: Dest	. VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		v, line 4; Part X, line 2; Part	ΧI,
III Ies	20 and 4b, and Part All, lines 20 and 4b. Also complete this part to provide	any additional information.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

WESTMINSTER ECONOMIC DEVELOPMENT Employer identification number Name of the organization INITIATIVE, 20-4230463 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

WESTMINSTER ECONOMIC DEVELOPMENT 20-4230463 Page 2 INITIATIVE, INC. Schedule G (Form 990) 2023 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through WEDIFEST col. (c)) (event type) (total number) (event type) 98,139 98,139. 1 Gross receipts 86,578. 86,578. 2 Less: Contributions 11,561 3 Gross income (line 1 minus line 2) 11,561. 4 Cash prizes 5 Noncash prizes Direct Expenses 2,730. 2,730. 6 Rent/facility costs 5,465. 5,465. 7 Food and beverages 900. 900. 8 Entertainment 16,226. 16,226. 9 Other direct expenses 25,321. 10 Direct expense summary. Add lines 4 through 9 in column (d) -13,760. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)

9	Enter the state(s) in which the organization conducts gaming activities:		
а	Is the organization licensed to conduct gaming activities in each of these states?	Yes	☐ No
b	b If "No," explain:		
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b	o If "Yes," explain:		

332082 09-13-23

Schedule G (Form 990) 2023

WESTMINSTER ECONOMIC DEVELOPMENT

Sch	nedule G (Form 990) 2023 INITIATIVE, INC.	20-42	2304	63	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Y	es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es	No
13	Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
			13b		
	o An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record		100		
14	Efficient the frame and address of the person who prepares the organization's gaming/special events books and record	5.			
	Nama				
	Name				
	Address				-
			<u></u>		—
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount			
	of gaming revenue retained by the third party \$				
(If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	-				-
	☐ Director/officer ☐ Employee ☐ Independent contractor				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	es	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	า the			
Б.	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part	III, lines	s 9, 9	b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
_					
_				_	
_					
_					

WESTMINSTER ECONOMIC DEVELOPMENT

Schedule G	(Form 990) INITIA	TIVE,	INC.	20-4230463	Page 4
Part IV	(Form 990) INITIA Supplemental Information (co.	ntinued)			
	·	,			
-					

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

Employer identification number 20-4230463

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

THE FORM 990 IS PREPARED BY AN OUTSIDE, INDEPENDENT ACCOUNTING FIRM. A

DRAFT OF THE FORM 990 IS PROVIDED TO ALL VOTING MEMBERS OF THE GOVERNING

BODY (BOARD OF DIRECTORS) BEFORE FILING. THE FINANCE COMMITTEE REVIEWS AND

APPROVES THE FORM 990 BEFORE FILING.

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

CONFLICT OF INTEREST DISCLOSURES ARE SIGNED ANNUALLY BY ALL DIRECTORS AS

WELL AS NEW MEMBERS JOINING THE BOARD DURING INTERIM PERIODS. THIS

PROCEDURE IS A REGULAR AGENDA ITEM AT THE ANNUAL MEETING.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS COMPARED TO OTHER LOCAL

ORGANIZATIONS, SCALED FOR APPROPRIATE SIZE, AND ADJUSTED ACCORDING TO

PERFORMANCE REVIEWS. ALL OTHER EMPLOYEE SALARIES ARE AT THE DISCRETION OF

THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION'S FORM 990 AND FORM 1023 ARE AVAILABLE UPON REQUEST.

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

DOCUMENTS ARE MADE AVAILABLE FOR INSPECTION AT THE ADMINISTRATIVE OFFICES.

COPIES CAN BE OBTAINED AT THE REQUESTING PARTY'S EXPENSE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.	Employer identification number 20-4230463
PROGRAM SERVICE EXPENSES	132,027.
MANAGEMENT AND GENERAL EXPENSES	99,769.
FUNDRAISING EXPENSES	17,521.
TOTAL EXPENSES	249,317.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	249,317.
FORM 990, PART XII, LINE 2C	
THERE WAS NO CHANGE FROM THE PRIOR YEAR IN THE AUDIT OVER	RSIGHT PROCESS
OR THE INDEPENDENT ACCOUNTANT SELECTION PROCESS.	

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2023
Open to Public Inspection

OMB No. 1545-0047

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

(c)

(d)

(e)

Department of the Treasury
Internal Revenue Service

Name of the organization

(a)

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC.

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

(b)

Employer identification number 20-4230463

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea		controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
		<u> </u>		501(c)(3))		Yes	No
WEST SIDE BAZAAR, INC. (WSBI) - 87-1265522 436 GRANT STREET					WESTMINSTER ECONOMIC		
BUFFALO , NY 14213	RESIDENTIAL SERVICES	NEW YORK	501(C)(3)	LINE 10	DEVELOPMENT	X	

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	te or entity (Telateu, uniterateu, income ent-or-year allocations? allocations? 20 of Sche		1 20 of Schedule	manag partne					
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes I	lo
1432 NIAGARA BUFFALO, LLC - 87-4625708, 436 GRANT STREET,	RESIDENTIAL		WSB BUFFALO MM								
BUFFALO, NY 14213	REAL ESTATE		LLC	RELATED	0.	8,423,442.		x	N/A	X	1.00%
	1										
	-										
	-										
	1										
											+
_	1										
	1										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
	RESIDENTIAL REAL ESTATE		WESTMINSTER ECONOMIC DEVELOPMENT	C CORP	0.	4,482,572.	95.00%		140

1a

Yes No

INITIATIVE, INC. Schedule R (Form 990) 2023

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b	X					
С	Gift, grant, or capital contribution from related organization(s)				1c		X				
d	Loans or loan guarantees to or for related organization(s)				1d		<u>X</u>				
е	Loans or loan guarantees by related organization(s)				1e		<u>X</u>				
f	Dividends from related organization(s)				1f		<u>X</u>				
	Sale of assets to related organization(s)				1g		<u>X</u>				
	h Purchase of assets from related organization(s)										
i	i Exchange of assets with related organization(s)										
j	j Lease of facilities, equipment, or other assets to related organization(s)										
							X				
k Lease of facilities, equipment, or other assets from related organization(s)											
- 1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X				
	Performance of services or membership or fundraising solicitations by related organ				1m		_X_				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	Х					
0	Sharing of paid employees with related organization(s)				10		<u>X</u>				
	Reimbursement paid to related organization(s) for expenses				1 p		_X_				
q	Reimbursement paid by related organization(s) for expenses				1q		X				
	Other transfer of cash or property to related organization(s)				1r		<u>X</u>				
	Other transfer of cash or property from related organization(s)				1s		<u>X</u>				
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered relat	ionships and transaction thresholds.							
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	volved						
	Č	type (a-s)									
<u>(1)</u>											
<u>(2)</u>											
<u>(3)</u>											
(4)											
<u>(4)</u>											
(E)											
<u>(5)</u>											
(6)											
	09-28-23			Schedule	R (For	n 990)	2023				
502 100	30 20 20	2.0		Ochedule	(. 511	555)	_0_0				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

Schedule R (Form 990) 2023

Electronic Filing PDF Attachment

ELECTION UNDER CODE SEC. 168(h)(6)(F)(ii)

Taxpayer's name: WSB Buffalo MM LLC

Taxpayer's address: 436 Grant Street

Buffalo, NY 14213

Taxpayer's taxpayer identification number: 87-4723775

Taxpayer, a tax-exempt controlled entity as defined in Code Sec. 168(h)(6)(F)(iii), hereby makes the election under Code Sec. 168(h)(6)(F)(ii).

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

DECEMBER 31, 2023

P	R	F	P	Δ	R	F	ח	F	n	R:

WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE, INC. 436 GRANT STREET BUFFALO, NY 14213

PREPARED BY:

FREED MAXICK CPAS, P.C. 424 MAIN STREET, SUITE 800 BUFFALO, NY 14202-3508

AMOUNT OF TAX:

BALANCE DUE OF \$775

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN TO:

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

RETURN MUST BE MAILED ON OR BEFORE:

NOVEMBER 15, 2024

SPECIAL INSTRUCTIONS:

CHAR500

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy)

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

01/01/2023

Signature

Send with fee and attachments to:

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

MORGAN VACANTI

DIRECTOR OF FINANCE

Print Name and Title

Date

and Ending (mm/dd/yyyy) 12/31/2023

2023

Open to Public Inspection

Name of Organization: Employer Identification Number (EIN): Check if Applicable: WESTMINSTER ECONOMIC DEVELOPMENT INITIAT 20-4230463 Address Change Mailing Address: NY Registration Number: Name Change 436 GRANT STREET 41-19-25 Initial Filing Telephone: Final Filing City / State / ZIP: BUFFALO, NY 14213 716 393-4088 Amended Filing Reg ID Pending Email: Website: WWW.WEDIBUFFALO.ORG Check your organization's Confirm your Registration Category in the EPTL only X DUAL (7A & EPTL) EXEMPT* registration category: ____ 7A only Charities Registry at www.CharitiesNYS.com. 2. Certification See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report. CAROLYNN WELCH President or Authorized Officer: EXECUTIVE DIRECTOR Signature Print Name and Title Date

3. Annual Reporting Exemption

Chief Financial Officer or Treasurer:

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and	Yes	X No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
attachments to complete your filing.	X Yes	☐ No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the	7A filir	ng fee:	EPTL	filing fee:	Total f	ee:	Make a single check or money order
next page to calculate your							pavable to:
fee(s). Indicate fee(s) you							payable to.
are submitting here:	\$	25.	\$	750.	\$	775.	"Department of Law"

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

368451 04-01-23 1019

^{*}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 filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:	
If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500:	
IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable	
X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review.	ntributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenu 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 \$250,000	
Audit Report if you received total revenue and support greater than \$1,000,000 lf 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	•
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee:	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon
60 if you absolved the 7A assessment in Dark Co.	registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a X \$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 activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$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 less than \$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 and meet conditions in Schedule E - Registration
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000	Exemption for Charitable Organizations. These
X \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000	organizations are not required to file annual financial reports
\$1500, if the NET WORTH is \$50,000,000 or more	but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General	- IRS Form 990 Part I, line 22 - IRS Form 990 EZ Part I, line 21
Charities Bureau Registration Section	- IRS Form 990 PF, calculate the difference between
28 Liberty Street	Total Assets at Fair Market Value (Part II, line 16(c)) and
New York, NY 10005	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)

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

ſ	Name of Organization:				NY Registration Number:	
	WESTMINSTER	ECONOMIC	DEVELOPMENT	INITIATIVE,	INC.	41-19-25

2. Government Grants

Name of Government Agency		Amount of Grant
1. CDFI, US DEPT OF THE TREASURY	1.	213,000.
2. ERIE COUNTY DEPARTMENT OF ENVIRONMENT AND PLANNING	2.	925,000.
3. EMPIRE STATE DEVELOPMENT	3.	35,000.
4. ERIE COUNTY YOUTH BUREAU	4.	25,350.
5. OFFICE OF REFUGEE RESETTLEMENT	5.	270,228.
6. SMALL BUSINESS ADMINISTRATION	6.	41,094.
7. US SMALL BUSINESS ADMINISTRATION	7.	950,000.
8. OTHER GOVERNMENT GRANTS	8.	1,045,004.
9.	9.	
10.	10.	
11.	11.	
12.	12.	
13.	13.	
14.	14.	
15.	15.	
Total Government Grants:	Total:	3,504,676.