	_		LIC DISCLOSURE COPY - STATE REGISTR	-		-63 OMB No. 1545-0047					
For	<u> </u>	90	Return of Organization Exempt Fr Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C			2021					
FOI											
Depa	rtment	of the Treasury	 Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and the security of the security of	-	-	Open to Public Inspection					
A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022											
-	heck if		f organization		D Employer identified	cation number					
a			C C C C C C C C C C C C C C C C C C C								
	Addre	ge БОГГ	ALO FINE ARTS ACADEMY								
	Name Name	ge Doing b	usiness as		16-60015	55					
	Initial returr	Number		om/suite	E Telephone numbe						
	Final returr termi	n-	ELMWOOD AVENUE		716-882-						
_	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	174,222,911.					
	_returr]Appli	DOLT	ALO, NY 14222		H(a) Is this a group re						
	_tion pend		nd address of principal officer:JANNE SIREN, PH.D AS C ABOVE		for subordinates						
<u> </u>		empt status:		527	H(b) Are all subordinates in						
		ite: ► N/A	$\underline{\mathbf{X}}$ 501(c)(5) $\underline{}$ 501(c)() $\mathbf{}$ (insertine.) $\underline{}$ 4947(a)(1) of [327	H(c) Group exemptio	list. See instructions					
			X Corporation Trust Association Other ►	I Vear (State of legal domicile: NY					
		Summary									
	1		be the organization's mission or most significant activities: SEE SC	CHEDU	LE O						
nce						· · · · · · · · · · · · · · · · · · ·					
rna	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net as	sets.					
оvе	3					36					
5	4	Number of ind	lependent voting members of the governing body (Part VI, line 1b)			36					
Activities & Governance	5	Total number		96							
iviti	6		of volunteers (estimate if necessary)		0						
Act			d business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.					
					Prior Year	Current Year					
iue	8		and grants (Part VIII, line 1h)	·····	40,853,609. 313,677.	<u>16,717,790.</u> 329,872.					
Revenue	9		ice revenue (Part VIII, line 2g)		23,181,819.	13,473,383.					
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d) e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		185,817.	323,895.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		64,534,922.	30,844,940.					
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14		to or for members (Part IX, column (A), line 4)		0.	0.					
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10)		4,992,963.	6,039,478.					
Expense			undraising fees (Part IX, column (A), line 11e)		0.	0.					
xpe			ing expenses (Part IX, column (D), line 25) 🕨 1 , 056 , 772	2.							
Ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		8,133,225.	12,337,873.					
	18	-	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,126,188.	18,377,351.					
	19	Revenue less	expenses. Subtract line 18 from line 12		51,408,734.	12,467,589.					
s or nces					ginning of Current Year	End of Year					
t Assets or Id Balances	20		Part X, line 16)	3	15,503,214.	293,134,468.					
Net As Fund E	21		(Part X, line 26)		7,759,491.	7,767,474.					
	22 rt II		fund balances. Subtract line 21 from line 20	3	07,743,723.	285,366,994.					
	or non	Signatur	l declare that I have examined this return, including accompanying schedules ar	nd etatom	ante and to the heet of m	w knowledge and balief it is					
	-		. Declaration of preparer (other than officer) is based on all information of which			y KIIOWICUYE AIIU DEIIEI, IL IS					
uue,	00116		. בסטומימנוטה טו אוסטרוולעוטר נוומה טהולבו / וא שמשכע טו מו וווטרוומעוטון טו אוווט	i pi chai gi							

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. .	Signature of officer		Date						
Sign	Signature of officer	Dale							
Here	MELISSA ARENA, CPA, CF								
	Type or print name and title								
	Print/Type preparer's name	FIEHalel S Signature	Date Check PTIN						
Paid	DAVID A. URBAN CPA	DAVID A. URBAN CPA	0/27/22 ^{If} self-employed P0063						
Preparer	Firm's name 🕨 EFPR GROUP, CPAS		Firm's EIN ► 47-4526	160					
Use Only	Firm's address 6390 MAIN STREET SUITE 200								
	WILLIAMSVILLE, NY 14221 Phone no.716-634-0700								
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
-									

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2021)

Form	1990 (2021) BUFFALO FINE ARTS ACADEMY	16-6001555 Pag	ge 2
Pa	rt III Statement of Program Service Accomplishments		×
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X	No
-	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	• •	
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$ 8,635,111 • including grants of \$) (Reven	nue \$ 1,205,117	7.)
	PURCHASE AND CONSERVATION OF WORKS OF ART- ART PURCHASE	D FOR THE	
	PERMANENT COLLECTION AND RELATED CONSERVATION ACTIVITIE	S.	
4b	(Code:) (Expenses \$ 598, 495. including grants of \$) (Reven		<u>3.</u>)
	GALLERY OPERATIONS- MAINTENANCE AND SECURITY OF THE COL VARIOUS ACTIVITIES RELATING TO THE PERMANENT COLLECTION		
	VARIOUS ACTIVITIES RELATING TO THE PERMANENT COLLECTION	•	
4c	(Code:) (Expenses \$ 1,794,390. including grants of \$) (Reven	ue \$)
	EXHIBITIONS - EXHIBITIONS OF VARIOUS ARTISTS WORKS WHICH		<u>ry</u> (
	INCLUDED IN THE PERMANENT COLLECTION.	· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 539,033. including grants of \$) (Revenue \$	66,309. ₎	
4e	Total program service expenses 11,567,029.	- 000 //	

Form	990	(2021)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
-	If "Yes," complete Schedule A	1	X X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II	4	- 11	
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		v	
•	Schedule D, Part III	8	Х	
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	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		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		Х

Form 990 (2021)	BUFFALO	FINE	ARTS
Part IV	Checklist of	of Required Sch	edules (d	continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26	х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	01		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u></u>
37	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?	0.		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 99			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	

Form 990	
Part V	Sta

BUFFALO FINE ARTS ACADEMY Statements Regarding Other IRS Filings and Tax Compliance (continued)

га						
_			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 96					
b			x			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	- 23			
32	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions	3a		х		
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	x			
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE O					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).			37		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x		
ام	to file Form 8282?	7c				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х		
f		7e 7f		X		
g						
-						
8						
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders 11a					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	10-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a				
	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.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans					
с	Enter the amount of reserves on hand					
	a Did the organization receive any payments for indoor tanning services during the tax year?					
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x		
	excess parachute payment(s) during the year?					
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?						
47	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	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			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELISSA ARENA, CPA - 716-882-8700			
	1285 ELMWOOD AVENUE, BUFFALO, NY 14222			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson i	s botl	h an	compensation	compensation	amount of
	week		cer an	u a u	recio	r/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-1120)	and related
	below	dual ti	tiona	_	nploy	st cor yee	L	1000 NEO)		organizations
	line)	ndivid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JANNE SIREN, PH.D	35.00	_	_	_						
MUSEUM DIRECTOR	0.00			Х				415,738.	0.	37,440.
(2) WILLIAM J. ROBIDEAU	35.00									
DIRECTOR OF FACILITIES	0.00					Х		140,008.	0.	10,198.
(3) JOE LIN-HILL	35.00									
DEPUTY DIRECTOR	0.00					Х		128,062.	0.	21,213.
(4) MELISSA ARENA, CPA	35.00									
CFO	0.00			Х				119,269.	0.	20,277.
(5) JILLIAN JONES	35.00									
DIRECTOR OF ADVANCEMENT	0.00					Х		103,137.	0.	16,483.
(6) ALICE F. JACOBS	5.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(7) CATHERINE B. FOLEY	5.00									
VICE PRESIDENT	1.00	Х		Х				0.	0.	0.
<pre>(8) FREDERICK G. PIERCE, II</pre>	5.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(9) JOHN R. SANDERSON	5.00							_	_	_
TREASURER	1.00	Х		Х				0.	0.	0.
(10) CHRISTOPHER J. FEENEY	5.00							_	_	_
ASST. TREASURER	0.00	Х		Х				0.	0.	0.
(11) JONATHAN AMOIA	1.50							_	_	_
DIRECTOR	0.00	Х						0.	0.	0.
(12) MONICA ANGLE	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(13) SUSAN O'CONNOR BAIRD	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(14) CHARLES W. BANTA	1.50									
DIRECTOR	0.00	Х						0.	0.	0.
(15) ROBERT J. BOJDAK	1.50									
DIRECTOR	0.00	X						0.	0.	0.
(16) ANN BONTE	1.50								•	~
DIRECTOR	0.00	X						0.	0.	0.
(17) ROBERT T. BRADY	1.50								~	•
DIRECTOR	0.00	X						0.	0.	0. 5 000 (2004)

132007 12-09-21

Form	990	(2021)
1 01111	000	(2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				<u> </u>
(A)	(B)			(C		•		(D)			(F)		
Name and title	Average	(1)		Posi	ition			Reportable	(E) Reportable		E٤	stimate	ed
	hours per	box	(do not check more than one box, unless person is both an			is bot	h an	compensation	compensatior	ı	ar	nount	of
	week		cer an	id a di	irecto	or/trus	tee)	from	from related			other	
	(list any	or director						the	organizations			npensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MIS	C/		rom th	
	organizations	ustee	trust		e	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		Ŭ Ŭ	ganizat d relat	
	below	lual tr	tional) yoldr	st con yee	_	10991120)				anizati	
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				e g	amean	0110
(18) HELEN CAPPUCCINO, M.D.	1.50	_		0	×		_						
DIRECTOR	0.00	х						0.		0.			Ο.
(19) JAMES W. DERRICK	1.50												
DIRECTOR	0.00	х						0.		0.			Ο.
(20) PAMELA DINSMORE	1.50												
DIRECTOR	0.00	Х						0.		0.			Ο.
(21) SALLY GIOIA	1.50												
DIRECTOR	0.00	Х						0.		0.			Ο.
(22) ROSCOE C. HENDERSON, III	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(23) L.N. HOPKINS, M.D.	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(24) PETER F.HUNT	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(25) THOMAS R. HYDE	1.50												
DIRECTOR	0.00	Х						0.		0.			0.
(26) MICHAEL LEE JOSEPH	1.50									~			•
DIRECTOR	0.00	X						0.		0.	10	FC	$\frac{0}{11}$
1b Subtotal								906,214.		0.	<u> </u>	5,6	$\frac{11}{0}$
c Total from continuation sheets to Part VI								906,214.		0.	10	5,6	-
d Total (add lines 1b and 1c)								-			10	5,0	<u> </u>
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed at	SOVE	e) wr	10 r	eceived more than \$100	,000 of reportable	e			5
compensation from the organization												Yes	No
2 Did the experimetion list and former officer	-	1								I		165	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											2		x
								har companyation from			3		- 23
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	•		•					•	une organization		4	x	
5 Did any person listed on line 1a receive or a									dual for sonvices		4		
rendered to the organization? If "Yes," com								•			5		x
Section B. Independent Contractors	piele Scheduk	01	01 30		0613								
1 Complete this table for your five highest co	mnensated inc	dene	nde	ent c	ontr	racto	nrs t	that received more than	\$100 000 of com	nens	ation	from	
	•	•								pene	ation	nom	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
Name and business address Description of services Compensation									n				
GILBRANE BUILDING COMPANY													
7 JACKSON WALKWAY, PROVIDENCE, RI 02903 CONSTRUCTION 38,868,448								48.					
COOPER ROBERTSON, 123 WILLIAM STREET, FL ARCHITECTURE &													
#27, NEW YORK, NY 10038 DESIGN 2,480,518									18.				
HAHNER TECHNIK GMBH & CO													
GERHARDSWEG 5, PETERSBURG, GERMANY 36100 STEEL CONSTRUCTION 2,346,190.										90.			

 PO
 BOX
 731069, DALLAS, TX
 75373-1069
 COMPUTER SERVICES
 1,842,247.

 SIRIUS
 ADVOKATER, DAMPFAERGEVEJ
 10,2,
 LEGAL
 SERVICES
 865,796.

 2
 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶
 13

INSIGHT DIRECT USA, INC

Form	990

Part VII Section A. Officers, Directors	s, Trustees, Key Er	nplo	oyee	es, ar	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) (B)					;)			(D)	(E)	(F)
Name and title	Average		Position					Reportable	Reportable	Estimated
	hours	(c	(check all that apply)			app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	5				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1099-00130)	organization
	related	ee or	stee			n sate				and related
	organizations	l trust	ıal tru		o yee	ompe				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			-
	line)	Indi	Insti	Officer	Key	High	Former			
(27) ROBERTA S. JOSEPH	1.50								_	_
DIRECTOR	0.00	Х						0.	0.	0.
(28) WILL KERESZTES, ED.D.	1.50								_	
DIRECTOR	0.00	х						0.	0.	0.
(29) NORTHRUP R. KNOX, JR.	1.50									_
DIRECTOR	0.00	х						0.	0.	0.
(30) SEYMOUR H. KNOX IV	1.50							_	_	_
DIRECTOR	0.00	X						0.	0.	0.
(31) JODY B. LIPPES	1.50									
DIRECTOR	0.00	X						0.	0.	0.
(32) FRANCOIS ROCHON	1.50								0	•
DIRECTOR	0.00	X						0.	0.	0.
(33) KEVIN D. ROBINSON	1.50								0	•
DIRECTOR	0.00	X						0.	0.	0.
(34) CHRISTINE SABUDA	1.50	.,,						0	0	0
DIRECTOR	0.00	X						0.	0.	0.
(35) HARRIS SCHWALB	1.50	x						0.	0.	0
DIRECTOR	1.50	^						0.	0.	0.
(36) ADNAN H. SIDDIQUI, M.D. DIRECTOR	0.00	x						0.	0.	0.
(37) RACHEL STENCLIK	1.50	<u>^</u>			_			0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(38) NICOLE SWIFT	1.50								•	0.
DIRECTOR	0.00	x						0.	0.	0.
(39) THURMAN THOMAS	1.50								•	0.
DIRECTOR	0.00	x						0.	0.	0.
(40) HEATHER WILLIAMS	1.50								••	
DIRECTOR	0.00	x						0.	0.	0.
(41) ELISABETH ROCHE WILMERS	1.50							•••		
DIRECTOR	0.00	x						0.	0.	0.
								•••		
		1								
		1								
		1								
Total to Part VII, Section A, line 1c				<u></u>						
Total to Part VII, Section A, line TC										

Form 990 (2	021)	BUFFALO
Part VIII	Stateme	nt of Revenue

				or note to any lin	e in this Part VIII			
			Check if Schedule O contains a response		(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a					
Gra			Membership dues 1b					
fts,			Fundraising events 1c	22,411.				
ilar			Related organizations 1d					
Sins,			Government grants (contributions)	1,670,731.				
utio er (f	All other contributions, gifts, grants, and					
oth			similar amounts not included above 1f	15,024,648.				
ont		•	Noncash contributions included in lines 1a-1f	1,438,307.				
a C		h	Total. Add lines 1a-1f		16,717,790.			
	_			Business Code	052.250	052.250		
vice	2	-	MEMBERSHIPS	713990	253,358.	253,358.		
Serve		-	EDUCATION	713990	66,309.	66,309.		
ven S		•	AUXILIARY SERVICES	713990	10,205.	10,205.		
gra		d						
Program Service Revenue		e 4						
_			All other program service revenue Total. Add lines 2a-2f	•	329,872.			
	3	y	Investment income (including dividends, intere					
	Ŭ		other similar amounts)		1,421,150.			1,421,150.
	4		Income from investment of tax-exempt bond p		, , , -			, , .
	5		Royalties	r i i i i i i i i i i i i i i i i i i i				
			(i) Real	(ii) Personal				
	6	а	Gross rents					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 153,890,252.	1,205,117.				
•		b	Less: cost or other basis					
nue			and sales expenses 7b 143,043,136.	0.				
eve			Gain or (loss) 7c 10,847,116.					
her Revenue			Net gain or (loss)	▶	12,052,233.	1,205,117.		10,847,116.
Othe	8	а	Gross income from fundraising events (not					
0			including \$ 22,411. of					
			contributions reported on line 1c). See Part IV, line 18	658,730.				
		h	Less: direct expenses 8b	334,835.				
			Net income or (loss) from fundraising events	· · · ·	323,895.			323,895.
			Gross income from gaming activities. See		, -			, -
			Part IV, line 19					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
		с	Net income or (loss) from sales of inventory					
sn				Business Code				
Miscellaneous Revenue	11							
ven		b						
Rei		C						<u> </u>
Ϊ			All other revenue	►				
	12		Total. Add lines 11a-11d		30,844,940.	1,534,989.	0.	12,592,161.
	12					_,	· · ·	Form 000 (2021)

		E ARTS ACADE	MY	16-60	001555 Page 10
	rt IX Statement of Functional Expension 501(c)(2) and 501(c)(2) and 501(c)(4) arganizations must com		or organizations much	molete equipm (A)	
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	-			
De	Check if Schedule O contains a resported on lines 6b,	nse or note to any line in (A)	this Part IX	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		001 404		68 044
	trustees, and key employees	535,007.	201,404.	265,762.	67,841.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	4,389,036.	1 (5))5)	2 1 0 0 2 2 2	EEC EE1
7	Other salaries and wages	4,389,030.	1,652,253.	2,180,232.	556,551.
8	Pension plan accruals and contributions (include	305,815.	115,124.	151,912.	20 770
-	section 401(k) and 403(b) employer contributions)	449,794.	169,325.	223,433.	38,779. 57,036.
9	Other employee benefits	359,826.	135,456.	178,742.	45,628.
10	Payroll taxes	559,020.	155,450.	1/0,/42.	45,020.
11	Fees for services (nonemployees):				
a	Management				
b					
ب د	Accounting	45,000.		45,000.	
d	Lobbying Professional fundraising services. See Part IV, line 17	45,000.		45,000.	
e	-	1,064,829.		1,064,829.	
f	Investment management fees	1,004,025.		1,004,025.	
g	column (A), amount, list line 11g expenses on Sch O.)	288,989.	69,730.	205,563.	13,696.
12	Advertising and promotion	137,444.	7.	137,437.	10,000
13	Office expenses	70,658.	7,939.	23,987.	38,732.
14	Information technology	152,706.	7,840.	142,225.	2,641.
15	Royalties		.,		_,
16	Occupancy	96,939.	2,389.	94,550.	
17	Travel	125,747.	45,261.	63,515.	16,971.
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,941.	1,897.	14,353.	1,691.
20	Interest	44,231.	14,402.	23,002.	6,827.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	892,533.	290,450.	464,244.	137,839.
23	Insurance	68,008.		68,008.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) ACQUISITION, PRESERVATI	8,635,111.	8,635,111.		
a b	CLEANING & MAINTENANCE	433,144.	113,920.	264,870.	54,354.
с С	SUPPLIES	68,760.	35,144.	32,094.	1,522.
d	TRANSPORTATION AND CRAT	54,395.	54,395.		_,522.
e e	All other expenses	141,438.	14,982.	109,792.	16,664.
25	Total functional expenses. Add lines 1 through 24e	18,377,351.	11,567,029.	5,753,550.	1,056,772.
26	Joint costs. Complete this line only if the organization	, , ,	, , , , , , , , , , , , , , , , , , , ,	, ,	, ,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

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

BUFFALO FINE ARTS ACADEMY

16-6001555 Page 11

		Check if Schedule O contains a response or not	e to ar	w line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			24,578,860.	1	3,343,064.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	8,971,150.	3	8,947,793.		
	4	Accounts receivable, net			508,747.	4	568,049.
	5	Loans and other receivables from any current or			,	-	
	Ū	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes			335,000.	5	335,000.
	6	Loans and other receivables from other disqualif			-		
	-	under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				789,097.	9	791,041.
		Land, buildings, and equipment: cost or other				_	
		basis. Complete Part VI of Schedule D	10a	138,649,359.			
	b	Less: accumulated depreciation	10b	20,809,297.	62,973,767.	10c	117,840,062.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			185,345,154.	12	145,816,631.
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			32,001,439.	15	15,492,828.
	16	Total assets. Add lines 1 through 15 (must equa			315,503,214.	16	293,134,468.
	17	Accounts payable and accrued expenses		6,693,653.	17	7,677,365.	
	18	Grants payable		18			
	19	Deferred revenue		77,129.	19	47,932.	
	20	T			20		
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offi	cer, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial	contributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
	23	Secured mortgages and notes payable to unrela	55,744.	23	42,177.		
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			932,965.	25	0.
	26				7,759,491.	26	7,767,474.
s		Organizations that follow FASB ASC 958, che	ck her	e 🕨 🔟			
nce		and complete lines 27, 28, 32, and 33.					
ala	27				25,117,095. 282,626,628.	27	20,062,242. 265,304,752.
dB	28	Net assets with donor restrictions			282,020,028.	28	205,304,752.
n		Organizations that do not follow FASB ASC 9					
or	~~	and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds		29			
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq			30		
et /	31	Retained earnings, endowment, accumulated inc			307,743,723.	31 32	285,366,994.
z	32 22	Total net assets or fund balances			315,503,214.	32 33	293,134,468.
	33	Total liabilities and net assets/fund balances			515,505,214.	აა	Form 990 (2021)
							10111 000 (2021)

Form 990 (2021) Part X Balance Sheet

Form	990	(202)

	990 (2021) BUFFALO FINE ARTS ACADEMY	16-	6001	555	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					
			30	,84	/ Q	10
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,37		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	<u>, 37</u> , 46'	7,5 75	80
3	Revenue less expenses. Subtract line 2 from line 1	3	307	,40 ,74	7,5 77	23
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 5		, 84		
5 6	Net unrealized gains (losses) on investments	5 6	74	,04	±,J	10.
	Donated services and use of facilities	6 7				
•	Investment expenses	8				
	Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	8 9				0.
)		9				0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	10	285	,36	6 9	94
a	column (B)) rt XII Financial Statements and Reporting	10	205	, 50	.,,	7
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
а	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 reviewer					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule (Э.			
а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2021)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

	OMB No. 1545-0047
1	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

		-									
D	art I			RTS ACADEMY		ala mant \ C			6-6001555		
		Reason for Public (IS.			
	organ	ization is not a private found		•	•	,					
1		A church, convention of ch				on 170(b)(*	1)(A)(i).				
2		A school described in section	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	ו 990).)						
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A))(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a g	overnmental u	unit descrik	bed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)								
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Illy receives a substa	ntial part of its support f	rom a gov	ernmental	l unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of	f the colleg	le or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from a	contributio	ons, membersl	hip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See s	section 50	09(a)(4).				
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to ca	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section 5	5 09(a)(3). (Check the box on		
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and	d 12g.			
a	a 🗆	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	typically by	<i>i</i> giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or truste	es of the s	supporting		
		_ organization. You must c	complete Part IV, Se	ections A and B.							
k	b	Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving		
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	oported		
	_	organization(s). You mus	t complete Part IV,	Sections A and C.							
c		Type III functionally inte	grated. A supporting	g organization operated	in connec ⁻	tion with, a	and functiona	lly integrat	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
c		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	rted organi	ization(s)		
		that is not functionally int			•		-	d an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .				
e	•	Check this box if the orga					а Туре I, Туре	II, Type III			
		functionally integrated, or		nally integrated support	ing organiz	zation.					
1		er the number of supported of	•								
Ç		vide the following informatior i) Name of supported	n about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monotary	(vi) Amount of other		
	,	organization	(1) = 11	(described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)		
				above (see instructions))	Yes	No		,			
Tot	al										

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,637,359.	8,804,598.	10,984,914.	40,853,609.	16,717,790.	89,998,270.
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 \dots						
4	Total. Add lines 1 through 3	12,637,359.	8,804,598.	10,984,914.	40,853,609.	16,717,790.	89,998,270.
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)						32,141,424.
6	Public support. Subtract line 5 from line 4.						57,856,846.
	ction B. Total Support						· · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	12,637,359.	8,804,598.	10,984,914.	40,853,609.	16,717,790.	89,998,270.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,491,439.	2,782,724.	2,210,979.	2,602,173.	1,421,150.	11,508,465.
9							
	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.)						
11	Total support. Add lines 7 through 10						101,506,735.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 7	<u>,907,658.</u>
	First 5 years. If the Form 990 is for the						
	organization, check this box and stor	-			,		
Sec	ction C. Computation of Publ		rcentage				······ •
-	Public support percentage for 2021 (column (f))		14	57.00 %
	Public support percentage from 2020					15	40.93 %
	33 1/3% support test - 2021. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances tes	•	•		•		
~	more, and if the organization meets th	-					
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•		•		s
				,,, 01 176	,		Eorm 000) 2021

Schedule A (Form 990) 2021

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	l (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202 ⁻	l (f) Total
	Amounts from line 6	(-) = - · ·	(-)	(-/	(-,	(-, = -=	(4)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				1		
	First 5 years. If the Form 990 is for the	e organization's f	irst, second. third.	fourth. or fifth tax	year as a section	501(c)(3) ora:	anization,
		0					
Sec	ction C. Computation of Publi	c Support Pe	ercentage				······
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves						/0
	Investment income percentage for 202					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
190	more than 33 1/3%, check this box ar	-					
Ь	33 1/3% support tests - 2020. If the						/3% and
D D							
<u></u>	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	T UIU HOL CHECK A		a, or 190, check t	ms box and see in	structions	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

132024 01-04-21

Schedule A (Form 990) 2021 BUFFALO FINE ARTS ACADEMY Part IV Supporting Organizations (continued) Image: Continued (Continued)

1

2

			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
	Did the revenue of th			

2	Did the organization operate for the benefit of any supported organization other than the supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
	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
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II S	Supporting (Organizations
----------------------	--------------	---------------

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

Section	D. /	All	Туре	111	Supporting	Organizations
---------	------	-----	------	-----	------------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist comple	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting or	anization (see

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

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990)	2021

Schedule A (Form 990) 2021 BUFFALO FINE ARTS ACADEMY Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (c)

га	i v j rype in Non-i diretionally integrated 505	(a)(J) Supporting Orga	anizations (contin	ued)	
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 exemption	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Dort VI	
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

BUFFALO	FINE	ARTS	ACADEMY
DOLTINGO	T TT(T	THEF	110110 10111

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

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

6

Schedule	B (Form 990) (2021)		Pag
Name of o	rganization		Employer identification number
BUFFA	LO FINE ARTS ACADEMY		16-6001555
Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1		\$4,000,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2		\$500,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
3		\$675,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
4		\$932,9	65. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
5		\$500,0	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution

noncash contributions.) Schedule B (Form 990) (2021)

Noncash (Complete Part II for

Person Payroll

465,320.

\$

X

Name of organization

BUFFALO FINE ARTS ACADEMY

Schedule B (Form 990) (2021)

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

16-6001555

Schedule	B (Form 990) (2021)			Page 4		
Name of o	rganization			Employer identification number		
BUFFA	LO FINE ARTS ACADEMY			16-6001555		
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following lir charitable, etc., contributions of \$1,00	e entry. For organizations) that total more than \$1,000 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of tra	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held		
		(e) Transfer o	f gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee		

SCHEDULE C	Po	olitical Campaign a	nd Lobbyin	g Activities	OMB No. 1545-0047
(Form 990)	Form 990) For Organizations Exempt From Income Tax Under section 501(c) and section 527			2021	
	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.			Z. Open to Public	
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form990 for i			Inspection
If the organization and	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lir	ne 46 (Political Campaign	Activities), then
	•	nplete Parts I-A and B. Do not com	•		
		01(c)(3)) organizations: Complete I	Parts I-A and C below	. Do not complete Part I-B.	
 Section 527 organiz 	•	•			
		n Form 990, Part IV, line 4, or For			
() ()	•	have filed Form 5768 (election und	())	•	•
	-	have NOT filed Form 5768 (election			
Tax) (See separate ins		n Form 990, Part IV, line 5 (Proxy	Tax) (See separate	instructions) or Form 990	-EZ, Part V, line 350 (Proxy
		tions: Complete Part III.			
Name of organization), or (o) organiza			Emp	loyer identification number
······	BUFFALO	FINE ARTS ACADEM	IY		16-6001555
Part I-A Comp		ganization is exempt unde		or is a section 527 o	
					<u> </u>
1 Provide a descript	ion of the organiz	zation's direct and indirect politica	l campaion activities i	n Part IV.	
		ures			
3 Volunteer hours fo				•••••••••••••••••••••••••••••••••••••••	
		• • • • • • • • • • • • • • • • • • • •			
Part I-B Comp	lete if the ore	ganization is exempt unde	er section 501(c)	(3).	
1 Enter the amount	of any excise tax	incurred by the organization unde	r section 4955	▶ \$	
2 Enter the amount	of any excise tax	incurred by organization manager	s under section 4955	▶ \$	
3 If the organization	incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes 🛄 No
4a Was a correction r	nade?				Yes 🛄 No
b If "Yes," describe		<u> </u>			
		ganization is exempt unde			
		d by the filing organization for sect			
		ization's funds contributed to othe	er organizations for se		
exempt function a					
-	-	s. Add lines 1 and 2. Enter here an			
		1100 DOL for this was?			Yes No
		1120-POL for this year?		litical organizations to which	
		ition listed, enter the amount paid		-	
		omptly and directly delivered to a			
		additional space is needed, provid			5 5
(a) Nam	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

		IE ARTS ACAD			5001555 Page 2
Part II-A Complete if the organiz section 501(h)).	ation is exe	mpt under sectio	on 501(c)(3) and fil	ed Form 5/68 (e	election under
A Check	elongs to an aff	iliated group (and list i	n Part IV each affiliated	group member's par	me address FIN
expenses, and share of e				group momber o na	
B Check if the filing organization c	, ,	• •	ovisions apply.		
Limits on (The term "expenditure	_obbying Expe s" means amo)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion	(grassroots lobbving)			
b Total lobbying expenditures to influence					
c Total lobbying expenditures (add lines 1	-	• • • •			
e Total exempt purpose expenditures (add	lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter the	amount from th	e following table in bot	th columns.		
If the amount on line 1e, column (a) or (b) is	: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,000	\$100,0	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	0 \$175,0	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	0 \$225,0	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (enter 25	, ,				
h Subtract line 1g from line 1a. If zero or le					
i Subtract line 1f from line 1c. If zero or le					
j If there is an amount other than zero on					
reporting section 4911 tax for this year?					Yes No
(Some organizations that m	de a section §	eraging Period Under 501(h) election do not rate instructions for li	have to complete all	of the five columns	below.
	obbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	a)		(b)
of the	e lobbying activity.	Yes	No		Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X	_		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X	_		
	Media advertisements?	37	X			
	Mailings to members, legislators, or the public?	X	37			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		4 -	
	Other activities?	X		_		5,000.
j	Total. Add lines 1c through 1i				45	5,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or	section	on	
	561(6)(6).				/es	No
4	Were substantially all (90% or more) dues received nondeductible by members?			1		110
1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
2	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			3		
-	t III-B Complete if the organization is exempt under section 501(c)(4), section				on	
I UI	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered					e 3. is
	answered "Yes."		. ()		, ,	0 0,10
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2	2a		
	Carryover from last year			2b		
	Total			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	oolitical				
	expenditure next year?			4		
5	Taxable amount of lobbying and political expenditures. See instructions			5		
Par						
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines	1 and	2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.					
	RT II-B, LINE 1, LOBBYING ACTIVITIES:					

BUFFALO FINE ARTS ACADEMY PAID 2 LOBBYING FIRMS TO SOLICIT GOVERNMENT

SUPPORT FOR ITS AK360 CAPITAL CAMPAIGN.

SCHEDULE D

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

16-6001555

Name of the organization	
--------------------------	--

BUFFALO FINE ARTS ACADEMY

Pa			or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, li	ne 6.							
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	I funds						
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes 📖 No						
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
	impermissible private benefit?		Yes No						
Pa	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990, Pa	rt IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).							
	Preservation of land for public use (for example, recre	ation or education)	historically important land area						
	Protection of natural habitat	Preservation of a	certified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form of	a conservation easement on the last Held at the End of the Tax Year						
	day of the tax year.								
	Total number of conservation easements								
	Number of conservation easements on a certified historic st								
d	Number of conservation easements included in (c) acquired								
•	listed in the National Register								
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the o	rganization during the tax						
	year								
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the per- violations, and enforcement of the conservation easements		Yes No						
6	Staff and volunteer hours devoted to monitoring, inspecting		······································						
Ū			valion easements during the year						
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year						
-	▶ \$								
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h)	(4)(B)(i)						
	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation								
	balance sheet, and include, if applicable, the text of the foot	-							
	organization's accounting for conservation easements.	-							
Pa	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Oth	er Similar Assets.						
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.							
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	d balance sheet works						
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furth	herance of public						
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.							
b	If the organization elected, as permitted under FASB ASC 9	· · ·							
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in further	ance of public service,						
	provide the following amounts relating to these items:								
	(i) Revenue included on Form 990, Part VIII, line 1		• •						
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	ain, provide						
	the following amounts required to be reported under FASB ,	-							
	Revenue included on Form 990, Part VIII, line 1								
b	Assets included in Form 990, Part X		► \$						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] a Using the organization accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): a M Public schibtion a M Public schibtion d Loan or schabage program b Schalary research a D Cher b Charge is schibtion e D Cher C Notice schibtion yes X Notice schibtion 4 Provide a description of hubre generations e D Cher C Notice schibtion yes X Notice schibtion 5 Long the year, did the organization schibtion that to be maintained as part of the organization answered "Yes" on Form 990, Part IV. Ine 9. or resported an anount on Form 990. Part IX, Ine 21. Yes No 1a Is the organization in on the net to be maintained as part of the organization answered "Yes" on Form 990, Part IV, Ine 9. or resported an anount on Form 990, Part X, Ine 21. Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Int Amount Int 2 Bodinning balance 16 Amount Int Yes No b If "Yes," explain the arrangement in Part XIII. Check here were variable accourt liability? Yes No Part V Endowment Fund. Completer the erganization hanowere Yes'on Form 990, Part X, Ine 21. <td< th=""><th></th><th></th><th>FINE ARTS</th><th></th><th></th><th></th><th></th><th></th><th></th><th>0155</th><th></th><th>age 2</th></td<>			FINE ARTS							0155		age 2
collection lemis (chock all that apply): a [] Police schibition d	Par	t III Organizations Maintaining C	collections of Ar	t, Hist	orical Tr	easures,	or Oth	er Simil	ar Ass	ets(contir	nued)	
a ≧ Public schibtion during the generations detection of the organization is collection? b Scholary research e detection of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scollection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization accelection? Part IV I Excove and CutoScollal Arrangements. Complete the organization accelection? Part IV I Excove and CutoScollal Arrangements. Complete the organization answered "Yes" on Form 990, Part X I ine 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X I ine 21. Ta is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X I ine 21. Ta is the organization angent in Part XIII and complete the following table: C Beginning balance C Beginning of year balance C D Beginning of year balance C D D C Second C C C C C C C C C C C C C C C C C C C	3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
b Scholarly research e Other												
c Implementations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose 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 answered "Yes" on Form 990, Part IV, line 9, or 7 Provide a description of the organization or other intermediary for contributions or other assets not included 9 Provide a discription of Form 990, Part X, line 21, line 21, transfer, custodian or other intermediary for contributions or other assets not included 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 0 Defining balance Intermediary for the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 1a Dating balance Intermediary for prome form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2a Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Intermediary for form 990, Part X, line 10, line 10	а		d	ĽЦι	oan or excl	hange progr	am					
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, dit the organization solitor of 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 answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. 1a Is the organization include an amount on Form 980, Part X, line 21. 1a Det the organization include an amount on Form 980, Part X, line 21. 1a Det the organization include an amount on Form 980, Part X, line 21. 1a Beginning of year balance 1a Segnination include an amount on Form 980, Part X, line 21. 1a Beginning of year balance 1a Segnination include an amount on Form 980, Part X, line 21. 1a Beginning of year balance 1a Segnination include an amount or Form 980, Part X, line 21. 1a Introse scholarships 1a Advisor Segnination include an amount or Form 980, Part X, line 21. 1a Beginning of year balance 1a Contributions 1a Segnination include an amount or Form 980, Part X, line 21. 1a Beginning of year balance 1a Segnination include an amount or Form 980, Part X, line 21. 1a Segnination include an amount or Form 980, Part X, line 21.<	b		е		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization is collection? Yes X No Part V Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Yes No Is the organization an agent, fustlee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Id Amount c Beginning balance Id Id Id Id Id Id 20 Of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endog balance (a) Current year (b) Proryear (c) Two years back (d) Three years back (e) four years back (e) four years back (e)	С	X Preservation for future generations										
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g End of year balance 146,151,632. 185,680,154. 151,919,209. 159,063,444. 157,171,583. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 11.4000 % .0000 % c Term endowment ▶ 88.6000 % .0000 % c Term endowment ▶ 88.6000 % .0000 .0000 .0000 (i) Unrelated organizations .0000 .0000 .0000 .0000 .0000 (ii) Related organizations .00000 .00000 .00000 .	f		15,007,010.	,	,000,000.	,-,	<u>, , , , , , , , , , , , , , , , , , , </u>		, 100	• •	, 100,	117.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 11.4000 % c Term endowment ▶ 11.4000 % c Term endowment ▶ 88.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(i) X 3b I Yes No 3b I X 3a(i) X 3a(i) X X 3a(i) X 3a(i) X 3b I I 4 Describe in Part XIII the intended uses of the organization's endowment funds. Image: Second term of the basis (investment) Image: Second term of term of the basis (other) (c) Accumulated depreciation 1a Land Image: Second term of term of the basis (other) Image: Second term of			146 151 632	185	680 154	151 91	9 209	159 (063 444	157	171	583
a Board designated or quasi-endowment ▶ .0000 % b Permanent endowment ▶ 11.4000 % c Term endowment ▶ 88.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a A re there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. 3a(i) X Part VI Land, Buildings, and Equipment. 3a 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (d) Book value b Buildings 22,715,034.13,400,335.9,314,699. 22,269. 4.221,231.7,408,962.812,269. 812,269. e Other 107,713,094. 107,713,094. 107,713,094. 107,713,094.	-	•					-,	,		•	,,	
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c Term endowment ▶ 88.6000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:												
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iiii) Related organizations (iii) Related organizations (iiii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (e) Cost or other (b) Cost or other (c) Accumulated depreciation (d) Book value (e) Cost or other (f) Accumulated depreciation (f) Book value (f) Accumulated depreciation (f) Accumulated												
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by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cost or 014 (c) Accumulated (c) Book value (c) Book value (c) Book value (c) Accumulated (c) Book value (c) Book value (c) Book value (c) Book value (c) Accumulated (c) Book value (c) Book value (3a		-	ation tha	t are held a	nd administe	ered for t	the organi	zation			
(i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X (ii) Related organizations 3a(ii) X (ii) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.			0					0		[Yes	No
(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c		-								3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.										3a(ii)		Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.	b											
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.	4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land22,715,034.13,400,335.9,314,699.b Buildings22,715,034.13,400,335.9,314,699.c Leasehold improvements8,221,231.7,408,962.812,269.e Other107,713,094.107,713,094.107,713,094.	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land 22,715,034. 13,400,335. 9,314,699. b Buildings 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.		Complete if the organization answere	d "Yes" on Form 990	, Part IV	, line 11a. S	See Form 99	0, Part X	, line 10.				
1a Land 22,715,034. 13,400,335. 9,314,699. b Buildings 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094.		Description of property	(a) Cost or ot	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k value	Э
b Buildings 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.			basis (investm	nent)	basis	(other)	de	preciation				
b Buildings 22,715,034. 13,400,335. 9,314,699. c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.	1a	Land										
c Leasehold improvements 8,221,231. 7,408,962. 812,269. e Other 107,713,094. 107,713,094. 107,713,094.					22,71	5,034.	13,	400,3	35.	9,31	4,6	99.
e Other 107,713,094. 107,713,094.	с	Leasehold improvements										
	d	Equipment					7,	408,9	62.			
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 117,840,062.					-	-						
	Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, colum	nn (B), line 1	0c.)			▶ 1:	L7,84	0,0	62.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 BUFF7	ALO FINE ARTS
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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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	64,027,685.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	6,496,469.	END-OF-YEAR MARKET VALUE
(C) FOREIGN EQUITY SECURITIES	878,950.	END-OF-YEAR MARKET VALUE
(D) MUTUAL FUNDS	67,279,702.	END-OF-YEAR MARKET VALUE
(E) POOLED FUNDS	7,133,825.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	145,816,631.	
Part VIII Investments - Program Related.		

ACADEMY

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col (b) must equal Form 990 Part X col (B) line 13)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ASSETS RESTRICTED TO INVESTMENT IN LAND, BUILDINGS AND	
(2) EQUIPMENT	5,749,390.
(3) BENEFICIAL INTEREST IN TRUST	158,337.
(4) DUE FROM AFFILIATED ORGANIZATIONS	9,585,101.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,492,828.
Part X Other Liabilities.	

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 liability (b) Book value 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)

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

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

Sche	dule D (Form 990) 2021 BUFFALO FINE ARTS ACADE	MY	16-6001555 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 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.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exp	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.	
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:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
Pa	t XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A:

IT IS THE ACADEMY'S POLICY TO PURCHASE WORKS OF ART WITH DONOR RESTRICTED
FUNDS, INCLUDING CONTRIBUTIONS RECEIVED FOR SUCH PURPOSE, AND PROCEEDS
FROM THE DEACCESSIONING OF OTHER WORKS OF ART. IT IS THE ACADEMY'S POLICY
NOT TO CAPITALIZE ITS COLLECTION OF WORKS OF ART. THEREFORE, THE VALUE OF
ART OBJECTS IS NOT INCLUDED ON THE CONSOLIDATED STATEMENTS OF FINANCIAL
POSITION AND CHANGES IN NET ASSETS AND NO DETERMINATION HAS BEEN MADE OF
THE AGGREGATE VALUE OF SUCH ASSETS FOR FINANCIAL REPORTING PURPOSES.
CONTRIBUTIONS OF WORKS OF ART ARE TREATED IN THE SAME MANNER AS PURCHASES
OF WORKS OF ART IN THAT THEY ARE NOT CAPITALIZED. PROCEEDS FROM
DEACCESSIONS ARE REFLECTED ON THE CONSOLIDATED STATEMENTS OF ACTIVITIES
AND CHANGES IN NET ASSETS AS NET ASSETS WITH DONOR RESTRICTIONS, BASED ON
132054 10-28-21 Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

THE ABSENCE OR EXISTENCE OF DONOR-IMPOSED RESTRICTIONS. USE OF THE

PROCEEDS OF DEACCESSIONED OBJECTS ARE RESTRICTED SOLELY TO SUPPORT THE

ACQUISITION OF OTHER OBJECTS FROM THE COLLECTION.

PART III, LINE 4:

THE ORGANIZATION'S COLLECTION INCLUDES WORKS OF MODERN AND CONTEMPORARY

ART WHICH IT EXHIBITS TO FURTHER THE APPRECIATION OF MODERN AND

CONTEMPORARY ART AS WELL AS EDUCATE THE GENERAL PUBLIC.

PART V, LINE 4:

THE BUFFALO FINE ARTS ACADEMY INTENDS TO USE THE ENDOWMENT FUNDS TO

PROMOTE, CULTIVATE AND GENERALLY FOSTER ART IN ALL ITS BRANCHES.

PART X, LINE 2:

THE ACADEMY AS BEEN INFORMED BY THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAX UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT DOES NOT BELIEVE THAT CIRCUMSTANCES HAVE OCCURRED THAT HAVE ALTERED THE TAX-EXEMPT STATUS OF THE ACADEMY. THE ACADEMY HAS ALSO RECEIVED A DETERMINATION LETTER THAT THEY ARE NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE ACADEMY'S WHOLLY-OWNED SUBSIDIARY, ALBRIGHT-KNOX RESTAURANT, INC., IS A TAXABLE CORPORATION. ALKASW, INC., IS ALSO EXEMPT UNDER THE PROVISIONS OF SECTION 501(C)(2) OF THE INTERNAL REVENUE CODE.

BUFFALO FINE AR					16-600155	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "\	(es" on
Form 990, Part IV						
1 For grantmakers. Does	the organizatior	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes 🛄 No
	ribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and ot	her assistance out	side the
United States.						
· · · · · · · · · · · · · · · · · · ·			an be duplicated if additional space is			i
(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, specific type	for and
	In the region	independent contractors	recipients located in the region)		specific type (s) in the region	investments
		in the region	recipients located in the region)	OI SEI VICEI		in the region
				ART PURCHAS	ES FOR	
EUROPE (INCLUDING				CONSERVATIO	N AND	
ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	PRESERVATIO	N	5,445,209.
				ART PURCHAS	ES FOR	
EAST ASIA AND THE				CONSERVATIO	N AND	
PACIFIC	0	0	PROGRAM SERVICES	PRESERVATIO	N	31,500.
				1		
3 a Subtotal	0	1				5,476,709.
3 a Subtotal b Total from continuation						5, 10, 105.
	_	 				0.
sheets to Part I						<u> </u>
c Totals (add lines 3a	0	1				5,476,709.
and 3b)	0	1				1 3, 1, 0, 103.

Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. l Open to Public Inspection

r

Employer identification number

OMB No. 1545-0047

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

132071 12-20-21

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

Schedule F (Form 990) 2021

16-6001555

SCHEDULE	F	
(Form 990)		

Department of the Treasury

Internal Revenue Service

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			l recognized as charities by the					I	
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2021 Part III can be duplicated if additional space is needed. (c) Number of (a) Type of grant or assistance (b) Region recipients

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

16-6001555

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

(e) Manner of

cash disbursement

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021	BUFFALO	FINE	ARTS	ACADEMY
Part IV Foreign Form	S			

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner</i> (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G	Suppleme	ntal Info	rmation Reg	garding	Fund	drais	ing or Gaming	Acti	vities	ОМВ	No. 1545-0047
(Form 990)							Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	or if the	2	2021
Department of the Treasury Internal Revenue Service	► Go	to www.ir	Attach to F				0-EZ. the latest informat	ion.			en to Public Dection
Name of the organization									Employer	identifi	cation number
	BUFFALO	FINE	ARTS ACA	ADEMY					16-60)155	5
	complete this part		if the organization	on answe	red "Y	'es" or	n Form 990, Part IV,	line 1	7. Form 990)-EZ file	rs are not
1 Indicate whether th			nrough any of th	e followir	ng acti	vities.	Check all that apply				
a 📃 Mail solicitat	tions		e 🗌	Solicitat	ion of	non-g	overnment grants				
b Internet and	email solicitations	i	f	Solicitat	ion of	gover	nment grants				
c Phone solici	tations		g 📖	Special	fundra	aising	events				
d 🛄 In-person so											
2 a Did the organizatio		· ·	•			•					
		,					undraising services?			es ha	└── No
b If "Yes," list the 10 compensated at le				ers) pursu	iant to	agree	ements under which	the fu	indraiser is	to be	
		organizatio	л.								
(i) Name and addres	s of individual				(iii)	Did	(iv) Gross receipts		Amount pai or retained b) Amount paid
or entity (fund			(ii) Activity		have custody or control of		from activity		fundraiser		(or retained by) organization
					contrib	utions?	-	list	ed in col. (i)	organization
					Yes	No					
Total		<u></u>		<u></u>							
3 List all states in wh	ich the organizatio	n is registe	red or licensed t	to solicit d	contrib	outions	s or has been notified	d it is	exempt fro	n regis	tration
or licensing.											

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

Schedule G (Form 990) 2021

BUFFALO FINE ARTS ACADEMY

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, FZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

- 1			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FALL GALA	ART TOURS	1	(add col. (a) through
			(event type)	(event type)		col. (c))
00000	1	Gross receipts	412,535.	206,931.	61,675.	681,141
:		Less: Contributions			8,150.	
		Gross income (line 1 minus line 2)	398,274.		53,525.	
	4	Cash prizes				
	5	Noncash prizes				
	6					
-	0	Rent/facility costs				
	7	Food and beverages				
1	8	Entertainment	66,004. 49,334.	36,826.	14,565.	117,395
	9	Other direct expenses	49,334.	150,213.	17,893.	217,440
	10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)		►	334,835 323,895
a	11 rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization		n 990 Part IV line 19 or r		525,055
-		\$15,000 on Form 990-EZ, line 6a.			cported more than	
		······································	() 51	(b) Pull tabs/instant		(d) Total gaming (add
			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
000000						
	1	Gross revenue				
	-					
	2	Cash prizes				
	2	Cash prizes				
		Cash prizes				
	3 4	Cash prizes Noncash prizes Rent/facility costs				
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		└── Yes% └── No	└── Yes% └── No	
	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	└── Yes % └── No	No	□ No	
	3 4 5 6 7	Cash prizes		No No	<u>No</u> No ►	
	3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor		No No	<u>No</u> No ►	
	3 4 5 6 7 8	Cash prizes	Yes % No % sh 5 in column (d) 7 from line 1, column (d)	No No	<u>No</u> No ►	
)	3 4 5 6 7 8 Ent	Cash prizes	yh 5 in column (d)	No	No ►	Yes N
) a	3 4 5 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No	No ►	YesN
) a	3 4 5 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No	No ►	Yes N
ab	3 4 5 7 8 Ent Is t If "	Cash prizes	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	States?	No ►	

132082 10-21-21

Schedule G (Form 990) 2021

	edule G (Form 990) 2021				ACADEMY			55 Page 3
11	Does the organization conduct	gaming activities w	ith nonme	mbers?			. 🗌 Ye	s 🗌 No
	Is the organization a grantor, be							
	to administer charitable gaming	J?					📖 Ye	s 📖 No
13	Indicate the percentage of gam	ning activity conduc	ted in:					
a	The organization's facility						. 13a	%
	An outside facility						. 13 b	%
14	Enter the name and address of	the person who pre	epares the	e organiza	tion's gaming/special	events books and records:		
	Name Address							
15a	Does the organization have a c						Ye	s 🗌 No
k	If "Yes," enter the amount of ga					and the amount		
	of gaming revenue retained by				_			
c	: If "Yes," enter name and addre	ss of the third party	r:					
	Name ►							
	Address ►							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	n 🕨 \$						
	Description of services provide	d 🕨						
	Director/officer	Employee		🗌 In	dependent contractor			
17	Mandatory distributions:							
	Is the organization required und	der state law to mak	ke charitat	ole distrib	utions from the gamin	g proceeds to		
	retain the state gaming license'	?			-	· · · · · · · · · · · · · · · · · · ·	🗆 Ye	s 🗌 No
k	Enter the amount of distribution	ns required under st	tate law to	be distri	outed to other exempt	t organizations or spent in the		
_	organization's own exempt acti							
Pa						2b, columns (iii) and (v); and	Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b,	as applicable. Also	provide a	ny additio	nal information. See in	nstructions.		

SC	HEDULE J	Compensation Information	OMB No. 1545-0047							
(Fo	orm 990) For	certain Officers, Directors, Trustees, Key Employees, and Highest	20	21						
	Compl	Compensated Employees ete if the organization answered "Yes" on Form 990, Part IV, line 23.	ZU		I					
Depa	artment of the Treasury	Attach to Form 990.	Open to Public							
Intern	nal Revenue Service Go	to www.irs.gov/Form990 for instructions and the latest information.	Inspe							
Nam	ne of the organization				mber					
		LO FINE ARTS ACADEMY 16-60	0155	5						
Pa	art I Questions Regarding C	ompensation								
4		versionities averided and of the following to suffice a surger listed on Fours 200		Yes	No					
а		rganization provided any of the following to or for a person listed on Form 990,								
	First-class or charter travel	Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use								
	Travel for companions	Payments for business use of personal residence								
	Tax indemnification and gross-up									
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)								
b	If any of the boxes on line 1a are chec	ked, did the organization follow a written policy regarding payment or								
	,	e expenses described above? If "No," complete Part III to explain	1b							
2	•	ation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the Cl	EO/Executive Director, regarding the items checked on line 1a?	2							
3	Indicate which, if any, of the following	the organization used to establish the compensation of the organization's								
	CEO/Executive Director. Check all that	t apply. Do not check any boxes for methods used by a related organization to								
	establish compensation of the CEO/Executive Director, but explain in Part III.									
	X Compensation committee	Written employment contract								
	Independent compensation cons	sultant Compensation survey or study								
	Form 990 of other organizations	Approval by the board or compensation committee								
4		on Form 990, Part VII, Section A, line 1a, with respect to the filing								
	organization or a related organization:				v					
a	. ,	• • • •			X X					
b		a supplemental nonqualified retirement plan?			X					
С		an equity-based compensation arrangement?	. 4C							
	If tes to any of lines 4a-c, list the pe	rsons and provide the applicable amounts for each item in Part III.								
	Only section 501(c)(3), 501(c)(4), and	l 501(c)(29) organizations must complete lines 5-9.								
5		/II, Section A, line 1a, did the organization pay or accrue any compensation								
-	contingent on the revenues of:									
а	0		5a		Х					
					Х					
	If "Yes" on line 5a or 5b, describe in P									
6	For persons listed on Form 990, Part \	/II, Section A, line 1a, did the organization pay or accrue any compensation								
	contingent on the net earnings of:									
					X					
					X					
	If "Yes" on line 6a or 6b, describe in P									
7		/II, Section A, line 1a, did the organization provide any nonfixed payments								
		s," describe in Part III	. 7		X					
8		990, Part VII, paid or accrued pursuant to a contract that was subject to the			v					
		Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	. 8		X					
9	· -	also follow the rebuttable presumption procedure described in								
			. 9							
LHA	+ For Paperwork Reduction Act Notic	ce, see the Instructions for Form 990. Schedule	e J (Forn	n 990)	2021					

16-6001555

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JANNE SIREN, PH.D	(i)	309,738.	100,000.	6,000.	12,600.	24,840.	453,178.	0.
MUSEUM DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) WILLIAM J. ROBIDEAU	(i)	122,508.	17,500.	0.	9,975.	223.	150,206.	0.
DIRECTOR OF FACILITIES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE L	I	Tra	nsaction	ns V	Vith	Int	erested	Р	ersons			O	ИВ No.	1545-00	047
(Form 990)			rganization and	swere	d "Yes	s" on F	Form 990, Par	t IV	, line 25a, 25b, 2	26, 27	, 28a,		2	02	1
							art V, line 38a r Form 990-EZ		40b.						
Department of the Treasury Internal Revenue Service	▶ 0	Go to v							est information.	Open To Public Inspection				inc.	
Name of the organizatio											-	r ident		on nı	ımber
Dort L Exocol			INE ARTS					- 41 -				015	55		
	Benefit Trans if the organization														
1			Relationship bet									55.	(d)	Corre	cted?
(a) Name of disqua	lified person	person and organization					(c	;) De	escription of tran	sactio	n			es	No
													_	-	
													+		
2 Enter the amount of	-		-	-		-	-	-	-		•				
section 4958 3 Enter the amount of	oftax if any on l										► \$ ► \$				
	or tax, if any, or i	110 <i>L</i> , t		icu by		gainzo					v				
Part II Loans to	o and/or From	n Int	erested Per	sons	-										
-	if the organization					, Part	V, line 38a or F	Forn	n 990, Part IV, lir	ie 26;	or if th	ne orga	anizati	on	
reported an (a) Name of	n amount on For (b) Relatio		, Part X, line 5, 6 (c) Purpose	-	2. an to or	(e) Original	(4) Balance due	(a)) In	(h) Ap	proved	(i) V	/ritten
interested person with organiz			zation of loan		n the zation?		cipal amount	, ,			ault?	by bo			ement?
				То	From					Yes	No	Yes	No	Yes	No
JANNE SIREN,	PHMUSEU	мD	PROVIDE		X	3	35,000.		335,000.		X	X		X	
Total	I						> \$		335,000.		I				
	or Assistance		-												
	f the organizatio					· · · ·			1 (n=						
(a) Name of intere	ested person	(b) Relationship interested pers the organiza	son an		(c) Amount of assistance		(d) Type assistan) Purp assist		f
						L									

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

Schedule L (Form 990) 2021

BUFFALO FINE ARTS ACADEMY

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: JANNE SIREN, PH.D

(B) RELATIONSHIP WITH ORGANIZATION: MUSEUM DIRECTOR

(C) PURPOSE OF LOAN: PROVIDE THE DIRECTOR WITH A PLACE OF RESIDENCE WHILE

SERVING THE GALLERY

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

202

Department of the Treasury	
Internal Revenue Service	

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

Attach to Form 990.

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

Name of the organization

Employer identification number
16-6001555

BUFFALO FINE ARTS ACADEMY

Pa	TT Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	22	1,402,255.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
12								
13	Qualified conservation contribution -							
10	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			00.411	T-3 /T T			
25	Other \blacktriangleright (FUNDRAISING F)	X	11	22,411.				
26	Other (ART INSTALLAT)	X	1	9,525.				
27	Other (SOFTWARE & MA)	X	1	3,500.	FMV			
28	Other ► (ADVERTISING)	Х	<u> </u>	616.	РМV			
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	33, Part V, I	Donee Acknowledg	gement 29			Yes	No
302	During the year, did the organization receive by	(contributio	on any property re	oorted in Part L lines 1 throu	ah 28 that it		165	
5 0a	must hold for at least three years from the date							
	exempt purposes for the entire holding period?			•		30a		x
h	If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance p	olicy that n	equires the review	of any nonstandard contribu	itions?	31		х
	Does the organization have a gift acceptance p Does the organization hire or use third parties of	-	-	•				
JEa	contributions?		ganzations to SUI			32a		x

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2021

b If "Yes," describe in Part II.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF DONORS

Part II

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection Employer identification number

OMB No 1545-0047

16-6001555

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

BUFFALO FINE ARTS ACADEMY

THE BUFFALO FINE ARTS ACADEMY WAS INCORPORATED IN 1862 TO PROMOTE, CULTIVATE AND GENERALLY FOSTER ART IN ALL ITS BRANCHES. IT IS THE PARENT ORGANIZATION OF THE ALBRIGHT-KNOX ART GALLERY, ONE OF THE COUNTRY'S MOST PROMINENT ART MUSEUMS, AS WELL AS AN IMPORTANT CULTURAL AND EDUCATIONAL CENTER FOR WESTERN NEW YORK. THE GALLERY IS DEDICATED TO SERVING BOTH THE LOCAL COMMUNITY AND WIDER ART AUDIENCE THROUGH A RECOGNIZED AND ACTIVE PROGRAM OF COLLECTING, EDUCATING, EXHIBITING AND INTERPRETING ART WORKS, WITH PARTICULAR EMPHASIS ON THE CREATIVE ACCOMPLISHMENTS OF THE 20TH AND 21ST CENTURIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE BUFFALO FINE ARTS ACADEMY WAS INCORPORATED IN 1862 TO PROMOTE, CULTIVATE AND GENERALLY FOSTER ART IN ALL ITS BRANCHES. IT IS THE PARENT ORGANIZATION OF THE ALBRIGHT-KNOX ART GALLERY, ONE OF THE COUNTRY'S MOST PROMINENT ART MUSEUMS, AS WELL AS AN IMPORTANT CULTURAL AND EDUCATIONAL CENTER IN WESTERN NEW YORK. THE GALLERY IS DEDICATED TO SERVING BOTH THE LOCAL COMMUNITY AND A WIDER ART AUDIENCE THROUGH A RECOGNIZED AND ACTIVE PROGRAM OF COLLECTING, EDUCATING, EXHIBITING AND INTERPRETING ART WORKS, WITH PARTICULAR EMPHASIS ON THE CREATIVE ACCOMPLISHMENTS OF THE 20TH AND 21ST CENTURY.

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

EDUCATIONAL PROGRAMS AND AUXILIARY ACTIVITIES INCLUDE TOURS, WORKSHOPS,

ART CLASSES, LECTURES, CONCERTS, FILMS, AND COMMUNITY PROGRAMS.

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
BUFFALO FINE ARTS ACADEMY	16-6001555

EXPENSES \$ 539,033. INCLUDING GRANTS OF \$ 0. REVENUE \$ 66,309.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

CAYMAN ISLANDS, UNITED KINGDOM, CANADA

FORM 990, PART VI, SECTION A, LINE 2:

MICHAEL AND ROBERTA JOSEPH ARE HUSBAND AND WIFE; SEYMOUR KNOX AND NORTHRUP KNOX, JR. ARE COUSINS.

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

THE ORGANIZATION HAS A BOARD OF DIRECTORS, AS WELL AS A GENERAL MEMBERSHIP WHICH PATRONS OF THE ARTS MAY JOIN.

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

AT THE ANNUAL MEETING OF THE ORGANIZATION'S MEMBERS, CERTAIN AGENDA TOPICS ARE VOTED ON TO APPROVE THE ACTIONS OF THE BOARD OF DIRECTORS.

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

EACH BOARD MEMBER HAS THE OPPORTUNITY TO REVIEW A DRAFT OF THE IRS FORM 990 PRIOR TO IT BEING FILED. ANY COMMENTS OR QUESTIONS REGARDING THE FORM ARE DIRECTED TO AND ANSWERED BY THE CFO. THEREAFTER, THE BOARD APPROVES THE 990, AND IT IS SIGNED BY THE CFO, AND FILED.

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

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, ANNUALLY AT THE

BEGINNING OF EACH PROGRAM YEAR IN OCTOBER, DISTRIBUTES A CONFLICT OF

INTEREST POLICY AND A BOARD MEMBER COMMITMENT FORM. THE DEPUTY DIRECTOR'S

OFFICE TRACKS THE DISTRIBUTION AND RETURN OF THESE DOCUMENTS, REVIEWS EACH
132212 11-11-21 Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page 2
Name of the organization BUFFALO FINE ARTS ACADEMY	Employer identification number 16-6001555
FORM, NOTES ANY CONFLICT FOR THE GOVERNANCE COMMITTEE'S R	EVIEW, AND KEEPS
THE ORIGINAL SIGNED COPIES IN A NOTEBOOK IN ITS OFFICE. T	HE GOVERNANCE
COMMITTEE REVIEWS ALL CONFLICTS AND TAKES APPROPRIATE ACT	ION CONSISTENT
WITH THE CONFLICTS OF INTEREST POLICY.	

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

THE PROCESS FOR DETERMINING COMPENSATION OF THE DIRECTOR AND ALL EMPLOYEES OF THE ALBRIGHT KNOX ART GALLERY (WHO ARE REQUIRED TO HAVE MUSEUM EXPERIENCE AND SKILLS) IS BASED ON PREVAILING COMPENSATION LEVELS IN THE FIELD AT THE NATIONAL LEVEL (BASED-ON THE ASSOCIATION OF ART MUSEUM DIRECTORS ANNUAL SALARY SURVEY) AND REGIONAL/LOCAL LEVEL (BASED ON WESTERN NEW YORK SALARY SURVEYS). REVIEW AND DETERMINATION OF SALARIES, BY THE PRESIDENT OF THE BOARD OF DIRECTORS AND EXECUTIVE COMMITTEE FOR THE DIRECTOR'S COMPENSATION, AND BY THE HUMAN RESOURCES DEPARTMENT AND SENIOR MANAGEMENT (DIRECTOR, DEPUTY DIRECTOR, CHIEF CURATOR, CFO, COO, HEAD OF DEVELOPMENT, HEAD OF MARKETING, COMMUNICATIONS AND PUBLIC RELATIONS, FOR THEIR RESPECTIVE DEPARTMENTAL STAFF POSITIONS), IS BASED ON MID-ATLANTIC AND MIDWEST AAMD COMPENSATION TABLES.

FORM 990, PART VI, SECTION C, LINE 18:
ACCORDING TO FORM 990 INSTRUCTIONS, APPLICATIONS FILED BEFORE JULY 15, 1987
NEED NOT BE MADE PUBLICLY AVAILABLE, UNLESS THE ORGANIZATION HAD A COPY ON
JULY 15, 1987. THE BUFFALO FINE ARTS ACADEMY DID NOT HAVE A COPY ON JULY
15, 1987, AND HAD APPLIED FOR TAX EXEMPT STATUS IN 1940. CONSEQUENTLY, FORM
1023 IS NOT MADE PUBLICLY AVAILABLE. THE BUFFALO FINE ARTS ACADEMY WAS
GRANTED 501(C)3 STATUS ON DECEMBER 19, 1940.

Schedule O (Form 990) 2021 Name of the organization

BUFFALO FINE ARTS ACADEMY

Employer identification number 16-6001555

ARE MADE AVAILBLE UPON REQUEST DURING REGULAR BUSINESS HOURS.

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

THE BYLAWS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS

ARE MAINTAINED IN THE DEPUTY DIRECTOR'S OFFICE AND ARE MADE AVAILABLE UPON

REQUEST DURING REGULAR BUSINESS HOURS.

FORM 990 PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Page 2

SCH	EDULE	R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BUFFALO FINE ARTS ACADEMY

Employer identification number 16-6001555

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
			501(c)(3))		Yes	No
HOLD TITLE TO PROPERTY.						
COLLECT INCOME FROM				BUFFALO FINE ARTS		
PROPERTY, AND REMIT NET	NEW YORK	501(C)(2)		ACADEMY		Х
-						
-						
-						
4						
	Primary activity HOLD TITLE TO PROPERTY. COLLECT INCOME FROM	Primary activity Legal domicile (state or foreign country) HOLD TITLE TO PROPERTY. COLLECT INCOME FROM	Primary activity Legal domicile (state or foreign country) Exempt Code section HOLD TITLE TO PROPERTY. COLLECT INCOME FROM Exempt Code section	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) HOLD TITLE TO PROPERTY. COLLECT INCOME FROM End End	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity HOLD TITLE TO PROPERTY. COLLECT INCOME FROM EVENTS EVENTS EVENTS EVENTS	Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Direct controlling entity Section cont entity HOLD TITLE TO PROPERTY. COLLECT INCOME FROM BUFFALO FINE ARTS Section

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 BUFFALO FINE ARTS ACADEMY

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. Part III

(a)	(b)	(c)	(d)		(e)		(f)	(g)	ł)	ח)	(i)		(j)	(k)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predomin (related, excluded fr	redominant income (related, unrelated, cluded from tax under		dominant income lated, unrelated, ded from tax under		Predominant income (related, unrelated,		Predominant income (related, unrelated, excluded from tax under		Predominant income (related, unrelated, excluded from tax under		of total come	Sha end-o	of-year sets	Disprop alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	oox lule	General o managing partner?	Percenta ownersh
		country)		sections	512-514)					Yes	No	K-1 (Form 10)65)	Yes No									
Part IV Identification of Related Orgonizations treated as a contract of the second se	ganizations Taxable rporation or trust duri	as a Corpo	pration or Trust. C year.	omplete if t	he organizat	ion ansv	vered "Yes	s" on For	m 990, Pa	art IV,	line 34	1, because it h	had o	ne or n	ore relate								
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i) Section								
Name, address, and EIN of related organization				Legal domicile (state or foreign country)	Direct controlling entity		Type of (C corp, S or tru	entity S corp,	Share o incol	f total		Share of end-of-year assets	Perc	entage iership	512(b)(13								
LBRIGHT KNOX RESTAURANT, INC.	- 16-1171189										+												
285 ELMWOOD AVENUE	10 11,1105				BUFFALO F	TNE																	

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RESTAURANT OPERATIONS

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BUFFALO, NY 14222

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		163	
-		10		X
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
a	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	37	
	Loans or loan guarantees to or for related organization(s)	1d	X	<u> </u>
е	Loans or loan guarantees by related organization(s)	1e	X	
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
q	Reimbursement paid to related organization(s) for expenses	1p		X
a	Reimbursement paid by related organization(s) for expenses	1a		X
r	Other transfer of cash or property to related organization(s)	1r		x
	Other transfer of cash or property from related organization(s)	1s		X
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	5	I	

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ALKSAW, INC.	D	8,777,714.	TRANSACTION COSTS
(2) ALKSAW, INC.	к	180,000.	FAIR MARKET VALUE
(3) ALBRIGHT KNOX RESTAURANT, INC.	D	807,387.	TRANSACTION COSTS
<u>(</u> 4)			
<u>(5)</u>			
(6)			

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

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

(a)	(b)	(c)	(d)	(e Are	e) all	(f)	(g)	()	ו)	(i)	(j)	(k)																	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c orgs	rs sec. c)(3) s.?	Share of total	Share of end-of-year	Dispr tior alloca	opor- iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership																	
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO																		
				$\left \right $																									

Part VII | Supplemental Information

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