Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or th	ne 201	2 calendar year, or tax year beginning	07/01 ,20	12, and endin	ıg	06,	/30 ,2 0	13						
D			C Name of organization				D Employer identification	ation num	ber						
ВС	heck if a	ipplicable:	UB FOUNDATION ACTIVITIES, INC	С.											
	Addr chan		Doing Business As		16-1372561										
	7	e change	Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite		E Telephone number								
	Initia	ıl return	BOX 900				(716) 645-3011								
	Term	ninated	City or town, state or country, and ZIP + 4												
	Ame	nded	BUFFALO, NY 14226				G Gross receipts \$	98	. 214	,946.					
		ication	F Name and address of principal officer: EDWAR	D P. SCHNEIDE	lR		H(a) Is this a group return		Yes	X No					
	pend	ling	BOX 900 BUFFALO, NY 14226	.5 1 . 50111.2151			affiliates? H(b) Are all affiliates inclu	uded?	Yes	No					
	Tax-ex	xempt st		sert no.) 4947(a)	(1) or 52	7	If "No," attach a list.		_						
		_ '	WWW.UBFOUNDATION.BUFFALO.EDU	sert 110.) 4347 (a)	(1) 01 32	'	H(c) Group exemption nu	,	,						
			ization: X Corporation Trust Association	Other	I Vear o	f format	ion: 1990 M State of		micile:	NY					
	rt I		nmary	Outer P	L rear o	i ioiiiiat	ion. 1990 in otate t	n legal de	minolic.						
1 6			•												
	1		describe the organization's mission or most signif			FC T	TODOOPT								
8			THE MISSION OF UBFA IS TO UNDERTAKE AND PERFORM ACTIVITIES IN SUPPORT OF THE EDUCATIONAL PURPOSES OF THE STATE UNIVERSITY OF NEW YORK AT												
nar															
Governance	_		BUFFALO AND ITS VARIOUS DEPARTMENTS, DIVISIONS OR OTHER ENTITIES. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
တိ	2						1 1			0					
ფ	3	Numb	er of voting members of the governing body (Part \	/I, line 1a)			3			<u>9</u> .					
itie	4	Numb	er of independent voting members of the governin	ig body (Part VI, line 1)	^{D)}		4			8.					
Activities	5	Total	number of individuals employed in calendar year 20	012 (Part V, line 2a)			5								
ĕ	6	Total	number of volunteers (estimate if necessary)				6			8.					
	7a		gross unrelated business revenue from Part VIII, col												
	b	Net u	nrelated business taxable income from Form 990-T	line 34						,863.					
	_						Prior Year		rent Y						
ne	8	Contr	butions and grants (Part VIII, line 1h)		PY FOR		52,689,975.			,378.					
Revenue	9	Progr	am service revenue (Part VIII, line 2g)	DUBLIC	INSPECTION		38,827,858.	42	,400	,182.					
Re	10		ment income (Part VIII, column (A), lines 3, 4, and	/a)	THE LOTION		933.			601.					
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,				1,071,770.			,410.					
	12		revenue - add lines 8 through 11 (must equal Part \				92,590,536.			,571.					
	13	Grant	s and similar amounts paid (Part IX, column (A), line	s 1-3)			7,260,682.	9	,706	,843.					
	14	Benef	its paid to or for members (Part IX, column (A), line		0			C							
es	15		es, other compensation, employee benefits (Part IX	0)		1,958,437.	2	,266	,340.						
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11				0								
Ϋ́	b		fundraising expenses (Part IX, column (D), line 25)												
_	17		expenses (Part IX, column (A), lines 11a-11d, 11f-2				70,240,225.			,309.					
	18		expenses. Add lines 13-17 (must equal Part IX, colu				79,459,344.			,492.					
	19	Rever	ue less expenses. Subtract line 18 from line 12				13,131,192.			<u>,079.</u>					
Net Assets or Fund Balances							ning of Current Year		d of Ye						
set	20		assets (Part X, line 16)			1	27,516,880.			,681.					
d As	21		iabilities (Part X, line 26)				47,511,624.			<u>,346.</u>					
		Net as	ssets or fund balances. Subtract line 21 from line 20)			80,005,256.	98	,061	<u>,335.</u>					
	rt II	•	gnature Block												
Un	der pe rect, a	nalties o	f perjury, I declare that I have examined this return, includi- plete. Declaration of preparer (other than officer) is based of	ng accompanying schedu on all information of whic	ıles and statement n preparer has any	s, and to knowle	o the best of my knowled edge.	d bns agt	elief, it	is true,					
_		T													
	ign														
Н	ere		Signature of officer				Date								
			EDWARD P. SCHNEIDER	EXEC	CUTIVE DIR	ECTO	R								
_			Type or print name and title												
D-:		Print/	Type preparer's name Preparer's s	ignature	Date		Check if self-	PTIN							
Paid							employed ►	<u>P</u> 01	2454	82					
	parer Only	, Firm's	name KPMG LLP				EIN ▶ 13-5	556520	7						
USE	Unity		address • 60 SOUTH STREET BOST	ON, MA 02111			Phone no. ▶ 617-								
May	the I		cuss this return with the preparer shown above? (see	ee instructions)				X Y	es	No					
Ear	Dono		Deduction Act Nation, and the congrete instruction						000						

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization 2. or fiscal year beginning 0.7/01____, 2012, and ending 0.6/30__

-			
OWR	NO.	1545-187	ö

Department of the Treasury Internal Revenue Service	Do not send to the IRS.		2012
Name of exempt organization		Employe	er identification number
UB FOUNDATION	N ACTIVITIES, INC.		1372561
Name and title of officer			
	NEIDER, EXECUTIVE DIRECTOR		
Part I Type of Re	eturn and Return Information (Whole Dollar	s Only)	
check the box on line releave line 1b, 2b, 3b, on the applicable line b 1a Form 990 check h 2a Form 990-EZ check	k here b Total revenue, if any (Forr	that line for the return being filed with ot enter -0-). But, if you entered -0- on . 0, Part VIII, column (A), line 12)	this form was blank, then the return, then enter -0- b 93734571.
3a Form 1120-POL cl	neck here b Total tax (Form 1120)	-POL, line 22)	b
4a Form 990-PF chec			b
5a Form 8868 check	here b Balance Due (Form 8868, Par	rt I, line 3c or Part II, line 8c) 5	ib
Part II Declaration	n and Signature Authorization of Officer		
the transmission, (b) th authorize the U.S. Trea financial institution accoreturn, and the financia Agent at 1-888-353-45 involved in the process resolve issues related	n's return to the IRS and to receive from the IRS of the reason for any delay in processing the return of asury and its designated Financial Agent to initiate ount indicated in the tax preparation software for all institution to debit the entry to this account. To 37 no later than 2 business days prior to the paying of the electronic payment of taxes to receive to the payment. I have selected a personal identification in the organization's consent to electronic box only	or refund, and (c) the date of any refund. te an electronic funds withdrawal (direct r payment of the organization's federal t revoke a payment, I must contact the U yment (settlement) date. I also authorize c confidential information necessary to a tification number (PIN) as my signature fo	If applicable, I debit) entry to the axes owed on this S. Treasury Financial the financial institutions nswer inquiries and
X I authorize KI		to enter my PIN	as my signatura
rauthorize ==	ERO firm name	Enter five numb	as my signature
		do not enter all	
being filed with ERO to enter r As an officer of If I have indicated the second secon	ation's tax year 2012 electronically filed return. If a state agency(ies) regulating charities as part my PIN on the return's disclosure consent screen. If the organization, I will enter my PIN as my sign ted within this return that a copy of the return is the program, I will enter my PIN on the return's of the program, I will enter my PIN on the return's of the program.	of the IRS Fed/State program, I also aut nature on the organization's tax year 201 being filed with a state agency(ies) regu	horize the aforementioned 2 electronically filed return
Officer's signature	Il level	Date ▶ 5 - 8	3-14
	on and Authentication	Date P	
	your six-digit electronic filing identification		
	by your five-digit self-selected PIN.	04627	677778
			enter all zeros
indicated above. I confi	numeric entry is my PIN, which is my signature of the that I am submitting this return in accordance and IRS e-file Providers for Business Returns.	on the 2012 electronically filed return for e with the requirements of Pub. 4163 , M	the organization odernized e-File (MeF)
ERO's signature	n Uttown	Date ▶	ΥΥ
	ERO Must Retain This For Do Not Submit This Form To the IR		
For Paperwork Reduct	tion Act Notice, see back of form.		Form 8879-EO (2012)

JSA 2E1676 1.000

Form 990 (2012) Page 2 Part III Statement of Program Service Accomplishments Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO UNDERTAKE AND PERFORM ACTIVITIES IN SUPPORT OF THE EDUCATIONAL PURPOSES OF THE STATE UNIVERSITY OF NEW YORK AT BUFFALO AND ITS VARIOUS DEPARTMENTS, DIVISIONS OR OTHER ENTITIES. 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 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 9,706,843.) (Revenue \$ 48,486,378. including grants of \$ 4a (Code:) (Expenses \$ 24,277,771. THE ORGANIZATION ADMINISTERS NUMEROUS PROGRAMS IN SUPPORT OF THE UNIVERSITY AT BUFFALO, STATE UNIVERSITY OF NEW YORK TO SUPPORT ITS EDUCATIONAL MISSION. THESE PROGRAMS INCLUDE CONTINUING EDUCATION, CENTER FOR THE ARTS, AND STUDENT ORIENTATION. 9,282,884. including grants of \$ 4b (Code:) (Expenses \$ 10.339.810 THE FACULTY PRACTICE PLAN INCLUDES MORE THAN 450 PHYSICIANS WHO ARE ALSO PROFESSORS AT THE STATE UNIVERSITY OF NEW YORK AT BUFFALO SCHOOL OF MEDICINE AND BIOMEDICAL SCIENCES. AS PROFESSORS THEY CONDUCT HANDS-ON RESEARCH AND TEACH CLASSES AT THE SCHOOL OF MEDICINE AND PLAY A SIGNIFICANT ROLE IN ACCOMPLISHING THE UNIVERSITY'S EDUCATIONAL PURPOSE. THE ORGANIZATION FURTHERS ITS EXEMPT PURPOSE BY PROVIDING ADMINISTRATIVE SUPPORT TO THIS ACTIVITY. **4c** (Code:) (Expenses \$ 7,046,862. including grants of \$) (Revenue \$ 7,996,011. UNIFORM DATA SYSTEM FOR MEDICAL REHABILITATION OFFERS ITS SUBSCRIBERS A WIDE RANGE OF SERVICES AND TOOLS THAT ENABLE THEM TO DOCUMENT THE SEVERITY OF PATIENT DISABILITY AND THE RESULTS OF MEDICAL REHABILITATION IN A UNIFORM WAY. ESTABLISHING A COMMON LANGUAGE PROMOTES COMMUNICATION ABOUT DISABILITY ACROSS DISCIPLINES AND PROVIDES A BASIS FOR COMPARISON OF REHABILITATION OUTCOMES. THE PROGRAM SUPPORTS BOTH IMPORTANT EDUCATION AND RESEARCH AND CONTRIBUTES SIGNIFICANTLY TO THE EXEMPT PURPOSES OF BOTH THE ORGANIZATION AND THE STATE UNIVERSITY OF NEW YORK AT **BUFFALO**. 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 64,816,124. JSA 2E1020 2.000 Form **990** (2012) 0231FN 1592 V 12-7.12 2490700 PAGE 2 Form 990 (2012) Page **3**

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
Ū	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
Ü	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 21
7		7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			21
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"		х	
•	complete Schedule D, Part III	8	Λ	
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			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
10	Part VIII, lines 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?	13		
13		19		Х
20 -	If "Yes," complete Schedule G, Part III			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		- 1
D	n 100 to mie 20a, uiu tile organization attaon a copy of ito auditeu ilitatiolal olatettietito to tilio fetuiti?	~ UU	1 1	

PAGE 3

2490700

Form 990 (2012) Page 4

Part	Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	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	X	
24 a	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			3.5
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
0.4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		Х
22	Part I	31		
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III,</i>			
J-T	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
~	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2012)

Form 990 (2012) Page **5**

Par				
	Check if Schedule O contains a response to any question in this Part V			
	5 · · · · · · · · · · · · · · · · · · ·		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 935			
	Effect the number of Forms W-20 included in line 1a. Effect-0- in not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	71	
Za	Statements, filed for the calendar year ending with or within the year covered by this return 29			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
~	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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
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	C.L.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
h	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2012)

JSA 2E1040 1.000 Form 990 (2012) UB FOUNDATION ACTIVITIES, INC. 16-1372561 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Х 12c describe in Schedule O how this was done 13 Χ 13 Χ 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a The organization's CEO, Executive Director, or top management official 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_NY, 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website | X | Upon request Another's website Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ EDWARD P. SCHNEIDER BOX 900 BUFFALO, NY 14226 (716)645-3011

Form **990** (2012)

JSA 2E1042 1.000

0231FN 1592 V 12-7.12 2490700 PAGE 6

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	, ,	Average hours per box, unless person is both an officer and a director/trustee)				an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) DIANNE BENNETT	1.00									
DIRECTOR	1.00	Х						0	0	0
(2) RANDALL CLARK	1.00									
DIRECTOR	2.00	X						C	0	0
(3) ROBERT DENNING	1.00									
CHAIR	2.00	X		Х				C	0	0
(4) JEREMY JACOBS	1.00									
DIRECTOR	2.00	Х						C	0	0
(5) ROSS KENZIE	1.00									
DIRECTOR	1.00	X						С	0	0
(6) GERALD MAZURKIEWICZ	1.00									
DIRECTOR	2.00	Х						C	0	0
(7) WILLIAM SCHAPIRO	1.00									
DIRECTOR	1.00	X						0	0	0
(8) EILEEN SILVERS	1.00							_	_	_
DIRECTOR	2.00	Х						О	0	0
(9) LAWRENCE ZIELINSKI	1.00							_		
DIRECTOR	2.00	X						C	11,528.	5,461.
(10) EDWARD P. SCHNEIDER	24.00									
EXECUTIVE DIRECTOR	36.00			Х				179,441.	0	45,231.
(11) MICHAEL CAIN	40.00							200 000	204 521	26.601
DEAN-MED SCHOOL						X		302,000.	324,731.	36,691.
(12) SATISH TRIPATHI	40.00							0.55 0.00	266 225	00.600
UNIVERSITY PRESIDENT	10.00					X		265,000.	366,237.	83,633.
(13) MICHAEL QUINN	40.00	-						000 400		45 155
CFO-HEALTH SCIENCE	40.00					X		223,400.	0	45,175.
(14) BRIGID MALONEY	40.00	-				,,		104 200		41 005
SECRETARY						X		184,320.	0	41,095.

Form **990** (2012)

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0231FN 1592 V 12-7.12 2490700 PAGE 7

_	n 990 (2012) I rt VII Section A. Officers, Directors, Tru	istops Ko	v Fr	nlo			and F	lia	hest Compensat	ed Employees (c	Page 8
Г	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F)										
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	ition morerson	e than of the street of the st	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15	ROSEANN BERGER	40.00									
:	ASSOCIATE DEAN GME						Х		187,997.	o	22,931.
16	RICHARD J. KUSTICH	40.00							·		•
	DIR. OF ASSETS AND REVENUES						Х		133,263.	o	34,187.
17	ELAINE C. SCHAFFER	40.00							,		•
:	DIR. OF FINANCIAL REPORTING						X		131,632.	0	34,187.
									,		·
1b	Sub-total							\blacktriangleright	1,154,161.	702,496.	257,286.
c	Total from continuation sheets to Part VII, Se	ection A						\blacktriangleright	452,892.	0	91,305.
c	Total (add lines 1b and 1c)							>	1,607,053.	702,496.	348,591.
2	Total number of individuals (including but not reportable compensation from the organization		hose 27		d al	bov	e) who	o re	eceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of repeater than	ortab \$15	ole c 50,0	com 00?	per	satior "Yes	n aı s,"	nd other compens complete Schedu	sation from the le J for such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization	on or individual	5 X
Se	ction B. Independent Contractors	, compro	551				20011	,551			
1	Complete this table for your five highest com compensation from the organization. Report c year.										

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 15 15

Form **990** (2012)

JSA 2E1055 3.000

Page 9

Part VIII	Statement	of Revenue
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Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 1b Membership dues С Fundraising events 1d 51,120,378 1e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f g Noncash contributions included in lines 1a-1f: \$ _ Total. Add lines 1a-1f 51,120,378 Program Service Revenue **Business Code** OTHER EDUCATIONAL SERVICE 611710 10,050,884 10,050,884 2a 621110 10,339,810 10,339,810 FACULTY PRACTICE h c UNIFORM DATA SYSTEMS 519100 7,996,011 7,996,011 d CONTINUING EDUCATION 611710 5,739,928 5,739,928 DENTAL STUDENT TRAINING 611710 4,169,544 4,169,544 4,104,005 4,104,005 All other program service revenue 42,400,182 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds . . . > 4 5 (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses Rental income or (loss) d Net rental income or (loss) . . (ii) Other (i) Securities Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses 26. c Gain or (loss) Other Revenue Gross income from fundraising events (not including \$ _ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 10a Gross sales of inventory, returns and allowances 4,693,785 4,480,375 **b** Less: cost of goods sold b Net income or (loss) from sales of inventory. <u>.</u> . ▶ 213,410 213,410 Miscellaneous Revenue 11a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions 601 42,613,592

Form 990 (2012)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response to any question in this Part IX.									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	3,575,186.	3,575,186.							
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	6,131,657.	6,131,657.							
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	224,671.		224,671.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	1,511,349.		1,511,349.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	98,948.		98,948.						
9	Other employee benefits	330,706.		330,706.						
10	Payroll taxes	100,666.		100,666.						
11	Fees for services (non-employees):									
	Management	0								
	Legal	213,940.	104,486.	109,454.						
	Accounting	162,255.	,	162,255.						
	-	1,117.	1,117.							
	Lobbying	1,11,1	-//-							
	Professional fundraising services. See Part IV, line 17	145,991.	145,966.		25.					
	Investment management fees	143,771.	143,500.							
g	Other. (If line 11g amount exceeds 10% of line 25, column	9,666,958.	8,573,208.	215,351.	270 200					
	(A) amount, list line 11g expenses on Schedule O.)			215,351.	878,399.					
12	Advertising and promotion	340,414.	335,496.	25.25	4,918.					
13	Office expenses	5,469,977.	4,958,404.	97,860.	413,713.					
14	Information technology	544,789.	541,351.	2,844.	594.					
15	Royalties	8,809.	8,809.							
16	Occupancy	702,310.	554,330.	129,504.	18,476.					
17	Travel	3,162,282.	2,928,529.	2,836.	230,917.					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0								
19	Conferences, conventions, and meetings	2,948,523.	2,589,469.	11,890.	347,164.					
20	Interest	0								
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	190,218.		190,218.						
23	Insurance	130,064.	66,841.	59,978.	3,245.					
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If									
	line 24e amount exceeds 10% of line 25, column									
	(A) amount, list line 24e expenses on Schedule O.)									
_	SALARY EXPENSE- NON EMPLOYEE	37,903,398.	32,400,459.		5,502,939.					
		1,149,815.	1,145,852.		3,302,939.					
	MATERIALS	964,449.	754,964.	10,070.	199,415.					
	OTHER EXPENSES	JU4,44J.	/54,904.	10,070.	133,413.					
d	The state of the s									
е	All other expenses		64 015 501	2 052 522						
25	Total functional expenses. Add lines 1 through 24e	75,678,492.	64,816,124.	3,258,600.	7,603,768.					
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)	0								
JSA		<u> </u>			F 000 (0040)					

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Form **990** (2012)

0231FN 1592 V 12-7.12 2490700 PAGE 10 Page **11**

Form 990 (2012) Part X **Balance Sheet**

	Check if Schedule O contains a response to any question in this Part X								
		Chook ii Concadio O contains a response	o arr	y quodion in tino i art	(A)		(B)		
					Beginning of year		End of year		
	1	Cash - non-interest-bearing			265,695.	1	0		
	2	Savings and temporary cash investments			0	2	0		
	3	Pledges and grants receivable, net			0	3	0		
	4	Accounts receivable, net	530,098.	4	612,410.				
	5	Loans and other receivables from current and	forme	r officers, directors,					
		trustees, key employees, and highest co	ompei	nsated employees.					
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0	5	0		
	6	Loans and other receivables from other disqualified pers	ons (as	s defined under section					
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu	, and (intary	employees' beneficiary					
S		organizations (see instructions). Complete Part II of Sche	dule L		0	6	0		
Assets	7	Notes and loans receivable, net			272,521.	7	287,554.		
As	8	Inventories for sale or use			6,792.	8	140.		
	9	Prepaid expenses and deferred charges			30,609.	9	18,856.		
	10 a	Land, buildings, and equipment: cost or							
			10a						
		Less: accumulated depreciation			577,345.		592,189.		
	11	Investments - publicly traded securities			0		0		
	12	Investments - other securities. See Part IV, line 11			0	12	0		
	13	Investments - program-related. See Part IV, line 11			0	13 14	0		
	14	Intangible assets	125,833,820.	_	137,332,532.				
	15 16	Other assets. See Part IV, line 11			127,516,880.	16	138,843,681.		
	17	Total assets. Add lines 1 through 15 (must equal Accounts payable and accrued expenses			15,564,652.	17	8,770,037.		
	18	Grants payable		13,304,032.		0,770,037.			
	19	Deferred revenue		0	19	0			
	20	Tax-exempt bond liabilities		0	20	0			
S	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0	21	0		
Liabilities	22	Loans and other payables to current and for							
abil		trustees, key employees, highest compen							
Ë		disqualified persons. Complete Part II of Schedule			0	22	0		
	23	Secured mortgages and notes payable to unrelate			0	23	0		
	24	Unsecured notes and loans payable to unrelated	third p	arties	25,000,000.	24	25,000,000.		
	25	Other liabilities (including federal income tax,	payab	les to related third					
		parties, and other liabilities not included on lines		· ·					
		of Schedule D			6,946,972.		7,012,309.		
	26	Total liabilities. Add lines 17 through 25			47,511,624.	26	40,782,346.		
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here X and					
anc	27	Unrestricted net assets			80,005,256.	27	98,061,335.		
Bal	28	Temporarily restricted net assets			0	28	0		
힏	29	Permanently restricted net assets		<u></u>	0	29	0		
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔛 and					
ts c	30	Capital stock or trust principal, or current funds				30			
Se	31	Paid-in or capital surplus, or land, building, or equ				31			
Net Assets or	32	Retained earnings, endowment, accumulated inco				32			
Net	33	Total net assets or fund balances			80,005,256.	33	98,061,335.		
	34	Total liabilities and net assets/fund balances	<u> </u>		127,516,880.	34	138,843,681.		

Form **990** (2012)

Form 990 (2012) Page **12**

Part	Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		93,7	34,5	571.
2	Total expenses (must equal Part IX, column (A), line 25)	2		75,6	78,4	192.
3	Revenue less expenses. Subtract line 2 from line 1	3		18,0	56,0	79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		80,0	05,2	256.
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		98,0	61,3	335.
Part						
	Check if Schedule O contains a response to any question in this Part XII				V	NI -
4	Accounting method used to prepare the Form 990: Cash X Accrual Other				Yes	No
1	Accounting method used to prepare the Form 990: CashX Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex	nlair				
	Schedule O.	кріан				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
Zu	If "Yes," check a box below to indicate whether the financial statements for the year were com	niled	l or	Za		21
	reviewed on a separate basis, consolidated basis, or both:	piico	0.			
	Separate basis Consolidated basis Both consolidated and separate basis					
h	Were the organization's financial statements audited by an independent accountant?			2b	Х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both:	eu o	II a			
	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 overs	iaht				
	of the audit, review, or compilation of its financial statements and selection of an independent accour	_)	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth	n in			
	the Single Audit 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 und	ergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2012)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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. ► See separate instructions. Inspection **Employer identification number** Name of the organization UB FOUNDATION ACTIVITIES, INC. 16-1372561 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type II c X Type III-Functionally integrated **d** Type III-Non-functionally integrated e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) Χ (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of monetary organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) ATTACHMENT 1 (B) (C) (D) (E) 64,816,124.

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II

	Support Schedule for Or (Complete only if you check Part III. If the organization f	ked the box o	n line 5, 7, or 8	3 of Part I or if	the organizat	tion failed to qu	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (,				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
	tion C. Computation of Public Sup			44		14	01
14	Public support percentage for 2012 (li Public support percentage from 2011	rie o, column (f) aivided by line	i i, column (f))		14	<u>%</u> %
15	331/3% support test - 2012. If the co	scriedule A, Pa	not chock the	hay an lina 12	and line 14 is	234/29/ or mo	
ıva	this box and stop here . The organizati						
h	331/3% support test - 2011. If the o						
	check this box and stop here . The org						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	2012. If the org	ganization did n	ot check a box	on line 13, 16	a, or 16b, and	line 14 is
	Part IV how the organization meets organization						▶ □
а	10%-facts-and-circumstances test - 15 is 10% or more, and if the organization in Part IV how the organization	anization meets	s the "facts-and	d-circumstances	s" test, check t	his box and st	op here.
18	supported organization Private foundation. If the organization instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2012

PAGE 14

Schedule A (Form 990 or 990-EZ) 2012 Page **3**

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

(Complete only if you checked the box on line 9 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	tion A. Public Support	,		,,		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
r	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10 a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	s a section 501(c)(3)
	organization, check this box and stop here .	<u></u>	<u></u> .		<u></u> .	<u> </u>	▶ 🔲
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,	column (f) divide	ed by line 13, colur	nn (f))		15	%
16	Public support percentage from 2011 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen	t Income Per	centage				
17	Investment income percentage for 2012 (lin					17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2012. If the org					e than 331/3%, a	and line
	17 is not more than 331/3%, check thi	s box and stor	here. The org	anization qualifies	s as a publicly	supported organi	zation 🕨 🗌
b	331/3% support tests - 2011. If the orga	nization did not	check a box on	line 14 or line 19	a, and line 16 is	s more than 331/3	3 %, and
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instru	uctions ►

JSA 2E1221 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page **4**

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				ATTACE	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT						
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
UNIVERSITY AT BUFFALO	14-6013200	06	Х	Х	X	64,816,124.
UNIVERSITY AT BUFFALO FOUNDATION	16-0865182	07	X	X	X	0
TOTAL AMOUNT OF SUPPORT						64,816,124.

Schedule A (Form 990 or 990-EZ) 2012

JSA 2E1225 1.000

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number Name of the organization UB FOUNDATION ACTIVITIES, INC. 16-1372561 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UB FOUNDATION ACTIVITIES, INC.

Employer identification number 16-1372561

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is need

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1_		\$50,353,381.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
2_		\$714,671.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3 _		\$37,472.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4 _		\$14,854.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution

Name of organization UB FOUNDATION ACTIVITIES, INC.

Employer identification number

16-1372561

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

Name of organization UB FOUNDATION ACTIVITIES, INC.

Employer identification number

				16-1372561			
art III	Exclusively religious, charitable, etc., in the total more than \$1,000 for the year	ndividual contributions to	o section 501(c)	(7), (8), or (10) organizations			
F	For organizations completing Part III, ent	er the total of exclusively	religious, charita	able, etc.,			
	contributions of \$1,000 or less for the y		on once. See ins	tructions.) ►\$			
	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee			
			·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
1 4111							
. – – –							
	(e) Transfer of gift						
		-					
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee			
(a) No.			·				
a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
		(e) Transfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationship	of transferor to transferee			
	, and the control of the cont						

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	Section 501(c)(4), (5), or (6) org	anizations. Complete Part III.			
Nam	ne of organization	·		Employer identi	fication number
UB	FOUNDATION ACTIVITIE	ES, INC.		16-13	72561
Pa	rt I-A Complete if the o	rganization is exempt under s	section 501(c) or i	s a section 527 orgar	nization.
1	Provide a description of the	organization's direct and indirect p	olitical campaign ac	tivities in Part IV.	
2	Political expenditures			▶\$	
3					
Pa		rganization is exempt under s			
1		cise tax incurred by the organization			
2		cise tax incurred by organization ma			
3		a section 4955 tax, did it file Form			
					Yes No
	o If "Yes," describe in Part IV. rt I-C Complete if the o	rganization is exempt under s	eaction 501(c) av	cont section 501/c\/2	<u>, </u>
Га 1		expended by the filing organization			<u>). </u>
'	•			•	
2	Enter the amount of the filir	ng organization's funds contributed	to other organization	one for section	
_		es	_		
3	Total exempt function expe	enditures. Add lines 1 and 2. En	er here and on Fo	orm 1120-POI	
	·				
4		e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
		s. For each organization listed, en			
	the amount of political conf	ributions received that were prom			Lation 5 Tunas. Also Chici
					olitical organization, such
	as a separate segregated fu	nd or a political action committee			olitical organization, such
	as a separate segregated fu				olitical organization, such
		nd or a political action committee	(PAC). If additional s	(d) Amount paid from filing organization's	olitical organization, such e information in Part IV. (e) Amount of political contributions received and
		nd or a political action committee	(PAC). If additional s	cpace is needed, provide (d) Amount paid from	olitical organization, such e information in Part IV.
		nd or a political action committee	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
		nd or a political action committee	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such the information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate
(1)		nd or a political action committee	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(1)		nd or a political action committee	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(2)		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(2)		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(2)		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(2)		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If
(2)		(b) Address	(PAC). If additional s	(d) Amount paid from filing organization's	colitical organization, such a information in Part IV. (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If

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

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1264 1.000

Sch	edule C (Form 990 or 990-EZ) 2012	UB FOU	NDATION	ACTIVITIES, I	NC.	16-1	372561 Page 2
Pa	ort II-A Complete if the org section 501(h)).	anizati	on is exen	npt under sectior	501(c)(3) and	filed Form 5768 (elec	ction under
	name, address, E	IN, exp	enses, and	share of excess lo	bbying expend		oup member's
B				box A and "limited	control" provision	ons apply.	
	(The term "expendit	ures" m		nts paid or incurred	-	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influenc	e public op	inion (grass roots lo	bbying)		
b	Total lobbying expenditures to	influenc	e a legislati	ive body (direct lobb	ying)		
c	: Total lobbying expenditures (a	add lines	1a and 1b)				
c							
e							
f	Lobbying nontaxable amount						
•	columns.				,		
	If the amount on line 1e, column (a) or (h) is:	The Johnvin	ng nontayable amount i	ie.		
	Not over \$500,000	<i>j</i> or (b) is.		amount on line 1e.			
	Over \$500,000 but not over \$1,000	000		lus 15% of the excess	over \$500,000		
	Over \$1,000,000 but not over \$1,500			lus 10% of the excess			
	Over \$1,500,000 but not over \$1,50			lus 5% of the excess of			
		000,000			ver \$1,500,000.		
_	Over \$17,000,000	at (antar	\$1,000,000				
9							
h :	J			_			
į	Subtract line 1f from line 1c. I					-ti file Farm 4700	
J	If there is an amount other				_		□ v □ v.
	reporting section 4911 tax for	tnis yea	r?				Yes No
		ions that	t made a se ow. See the	instructions for lin	on do not have to es 2a through 21		re
		Lobk	ying Exper	nditures During 4-Ye	ear Averaging Per	riod	
	Calendar year (or fiscal year beginning in)	(a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
_ c	: Total lobbying expenditures						
	Grassroots nontaxable amount						
	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots Johnving expenditures						

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1265 1.000

0231FN 1592 V 12-7.122490700 PAGE 22

Sche	dule C (Form 990 or 990-EZ) 2012					ı	Page 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 576	8		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	ınt	
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? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
b			X				
c d	Media advertisements? Mailings to members, legislators, or the public?		X				
e	Publications or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х				
i	Other activities?	Х					,117
j	Total. Add lines 1c through 1i					1	,117
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
۲ C	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?		Х				
d Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		ection	<u> </u>		
. ~	501(c)(6).	(0)(0)	, 0. 3	COLIO	•		
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?				2		
3							
Ра	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
C	Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du			2c			
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion			3			
-	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)	· · ·		5			
Pa	rt IV Supplemental Information						
	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	5; Pa	rt II-A	(affiliat	ed grou		
PAI	RT II-B						
DES	SCRIPTION OF LOBBYING ACTIVITY						
UB_	FOUNDATION ACTIVITIES, INC. MAKES MEMBERSHIP DUES PAYMENTS TO VAR	IOUS					
ORO	GANIZATIONS, A PORTION OF THOSE DUES PAYMENTS ARE DEDICATED TO LOBI	BYING	3				
AC:	TIVITIES.						

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1500 1.000

0231FN 1592 V 12-7.12 2490700 PAGE 24

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service **Employer identification number** Name of the organization UB FOUNDATION ACTIVITIES, INC. 16-1372561 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ ______ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2012

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Schedule D (Form 990) 2012 Page **2**

Par	Organizations Maintaining Col	lections of	f Art,	Historical	Treasu	ıres,	or Ot	her Simil	ar Ass	ets (cor	tinue	<u>d)</u>
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other re	cords, che	ck any c	of the	follow	ring that a	re a sigr	nificant u	se of	its
а	Public exhibition		d	Loan	or exch	ange	prograi	ms				
b	X Scholarly research		е	Othe	r							
С	X Preservation for future generations											_
4	Provide a description of the organization's	collections	and e	xplain how	they fu	rther	the or	ganization's	exemp	t purpose	e in Pa	art
	XIII.											
5	During the year, did the organization solicit	or receive of	lonation	s of art, his	torical tr	easu	res, or	other simila	ar			
	assets to be sold to raise funds rather than	to be mainta	ained as	part of the	organiz	ation'	's collec	ction?	[Yes	X	No
Par	t IV Escrow and Custodial Arrange	ments. C	omplet	e if the or	ganizat	ion a	answe	red "Yes"	to Forn	n 990, l	Part I\	7,
	line 9, or reported an amount on	Form 990	, Part 2	X, line 21.								
1a	Is the organization an agent, trustee, custoo											
	included on Form 990, Part X?								L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and compl	ete the	following ta	ble:							
								Αı	mount			
С	Beginning balance											
d	Additions during the year											
е	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on	Form 990, I	Part X, I	ine 21?					L	Yes	X	No
	If "Yes," explain the arrangement in Part XIII											
Par	•											
4.		urrent year	(b)	Prior year	(c) Tw	o year	rs back	(d) Three ye	ears back	(e) Four	ears ba	ck —
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains,											
	and losses											
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
	Administrative expenses											
g	End of year balance			/l: 4 -		. (-))	h - l - l					
2	Provide the estimated percentage of the cu			nce (line 1g	j, columr	ı (a))	neia as	•				
a h	Board designated or quasi-endowment		_%									
	Permanent endowment ▶ % Temporarily restricted endowment ▶	0/										
·	The percentages in lines 2a, 2b, and 2c sho	%	000/									
3a	Are there endowment funds not in the poss	•		nization tha	t ara hal	d and	d admir	sistered for	tha			
	organization by:	00001011 01 11	ic organ	iization tha	t are nei	u an	a admin	iistoroa ioi	uio	Ī,	'es N	lo
	(i) unrelated organizations									3a(i)	03 1	_
	(ii) related organizations									3a(ii)		—
b	If "Yes" to 3a(ii), are the related organization									3b		
4	Describe in Part XIII the intended uses of th		•									—
Par												—
	Description of property	(a) Cost or			or other ba	asis	(c) Acc	cumulated	((d) Book valu	ıe	
		(invest			other)			eciation		,		
1a	Land											
b	Buildings											
С	Leasehold improvements											
d	Equipment			2,	536,3	91.	1,9	44,202.		59	2,18	9.
<u>e</u>	Other											
Tota	. Add lines 1a through 1e. (Column (d) mus	t equal Forn	n 990, P	art X, colun	nn (B), Iir	ne 10	(c).)	<u> ▶</u>		59	2,18	<u>9.</u>

Schedule D (Form 990) 2012 Page 3

Part VII	Investments - Other Securities. See Fo	orm 990, Part X, lin	e 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
	al derivatives		
	-held equity interests		
(D)			
(C)			
(D)			
(E)			
/E\			
(G)			
(H)			
(l)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related. See F		ne 13.
	(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3) (4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets. See Form 990, Part X, li		425
(1) DECE	IVABLES FROM AFFILIATES	Description	(b) Book value 137,006,203.
(2)	IVABLES FROM AFFILIATES		137,000,203.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Table (0.4)	(h)	' 45 \	127 006 002
Part X	umn (b) must equal Form 990, Part X, col. (B) In Other Liabilities. See Form 990, Part X		▶ 137,006,203.
1.	(a) Description of liability	(b) Book valu	عاد
	ral income taxes	(b) Book vale	
	SITS HELD IN CUSTODY	951,	694.
	BLE TO AFFILIATES	6,060,	
(4)			
(5)			
(6)			
_(7)			
(8)			
(9)			
(10)			
(11)	ma (h) must squal Form 200 Device (1/D) 11 251	7 010	200
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	7,012,	
∠. FIN 48 (A	130 (40) Footnote. In Part XIII, provide the text (ine rootnote to the o	organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

JSA 2E1270 1.000

PAGE 27

Schedule D (Form 990) 2012 Page **4**

Ocnicaa	6 D (1 0111 330) 2012		r agc -r
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	98,214,946.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	98,214,946.
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 -4,480,375.		
С	Add lines 4a and 4b	4c	-4,480,375.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	93,734,571.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn	
1	Total expenses and losses per audited financial statements	1	80,158,867.
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 4,480,375.		
е	Add lines 2a through 2d	2e	4,480,375.
3	Subtract line 2e from line 1	3	75,678,492.
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		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	75,678,492.
Part			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II		
ran v inform	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	ovide a	any additional
SE	E PAGE 5		

Schedule D (Form 990) 2012

Page 5

DESCRIPTION OF ORGANIZATION'S COLLECTIONS AND HOW FURTHERS EXEMPT PURPOSE

PART III, LINE 4

THE ORGANIZATION'S FINE ARTS COLLECTION CONSISTS OF RARE BOOKS AND IS USED FOR RESEARCH AND STUDY AND IS TO BE PRESERVED FOR THE FUTURE TO FURTHER THE EDUCATION MISSION OF THE UNIVERSITY AT BUFFALO.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT UB FOUNDATION ACTIVITIES, INC. IS QUALIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, GENERALLY NOT SUBJECT TO TAX ON RELATED INCOME UNDER PRESENT FEDERAL INCOME TAX LAWS, AND IS ALSO NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OR SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE. UB FOUNDATION ACTIVITIES, INC. FOLLOWS THE PROVISIONS OF ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHEREBY IT RECOGNIZES INCOME TAX POSITIONS WHEN IT IS MORE-LIKELY THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. MANAGEMENT HAS CONCLUDED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT NEED TO BE RECORDED AT JUNE 30, 2013.

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations. Governments, and Individuals in the United States

OMB No. 1545-0047

2012 **Open to Public**

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Inspection Employer identification number Name of the organization UB FOUNDATION ACTIVITIES, INC. 16-1372561 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable grant non-cash assistance or assistance cash assistance (1) CONGRESS OF NEUROLOGY SURGEONS, INC. 10 N. MARTINGALE RD SCHAUMBURG, IL 60173 52-1660107 501(C)(3) 15,000. (2) THE RESEARCH FOUNDATION FOR THE SUNY PO BOX 9 ALBANY, NY 12201 14-1368361 501(C)(3) 19,936. RESEARCH (3) UB ASSOCIATES, INC. 77 GOODELL STREET BUFFALO, NY 14203 16-1559460 501(C)(3) 2,093,348. SUPPORT (4) UNIVERSITY AT BUFFALO CROFTS HALL BUFFALO, NY 14260 14-6013200 GOVERNMENT 578,323. SUPPORT (5) UNIVERSITY NEUROLOGY, INC. 77 GOODELL STREET BUFFALO, NY 14203 16-1359213 501(C)(3) 864,343. SUPPORT (9) (10)(11) (12) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS FOR UNIVERSITY AT BUFFALO STUDENTS	1,295.	5,240,884.			
2 AWARDS RELATED TO THE UNIVERSITY AT BUFFALO	744.	317,542.			
3 FELLOWSHIPS	146.	573,231.			
4					
-					
J					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PART I, LINE 2

UB FOUNDATION ACTIVITIES, INC. PROVIDES A VARIETY OF RESTRICTED GRANTS TO

SUPPORT THE EDUCATIONAL MISSION OF THE UNIVERSITY AT BUFFALO. ALL

REQUESTS OF FUNDS ARE SUBJECT TO A DETAILED REVIEW BY ORGANIZATION STAFF

TO ASSURE THAT THE USAGE OF FUNDS IS CONSISTENT WITH THE APPROPRIATE

RESTRICTIONS AND THAT THE FUNDS SUPPORT THE EDUCATIONAL PURPOSE.

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization UB FOUNDATION ACTIVITIES, INC. 16-1372561

Part I	Questions Regarding Compensation			
			Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
9	190, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
L	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
1- 14	form of the bound on the decree absolved wild the consequention follows a mixture collection and the			
11 a	f any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
е	explain	1b	X	
2 D	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
d	lirectors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
	ndicate which, if any, of the following the filing organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
re	elated organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<u> </u>	X Compensation committee Written employment contract			
-	Independent compensation consultant X Compensation survey or study			
L	Form 990 of other organizations X Approval by the board or compensation committee			
	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a K	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
"	f "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
	The organization?	5a		Х
	Any related organization?	5b		X
	f "Yes" to line 5a or 5b, describe in Part III.	0.0		
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
	he organization?	6a		Х
	Any related organization?	6b		X
If	f "Yes" to line 6a or 6b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
	Vere any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
ir	n Part III	8		X
	f "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
R	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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 in 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 are not 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	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD P. SCHNEIDER	(i)	179,441.	0	(26,421.	18,810.	224,672.	(
1 EXECUTIVE DIRECTOR	(ii)	0	0	(0	0	С	(
MICHAEL CAIN	(i)	302,000.	0	(0	0	302,000.	(
2 DEAN-MED SCHOOL	(ii)	324,731.	0	(20,000.	16,691.	361,422.	(
SATISH TRIPATHI	(i)	265,000.	0	(0	0	265,000.	(
3 UNIVERSITY PRESIDENT	(ii)	366,237.	0	(25,500.	58,133.	449,870.	(
MICHAEL QUINN	(i)	223,400.	0	(26,385.	18,790.	268,575.	(
4 CFO-HEALTH SCIENCE	(ii)	0	0	(d d	0	C	(
BRIGID MALONEY	(i) _	184,320.	0	(22,305.	18,790.	225,415.	(
5 SECRETARY	(ii)	0	0	(d d	0	C	(
ROSEANN BERGER	(i)	187,997.	0	(21,993.	938.	210,928.	(
6 ASSOCIATE DEAN GME	(ii)	0	0	(d d	0	C	(
RICHARD J. KUSTICH	(i)	133,263.	0	(15,397.	18,790.	167,450.	
7 DIR. OF ASSETS AND REVENUES	(ii)	0	0	(
ELAINE C. SCHAFFER	(i)	131,632.	0	(15,397.	18,790.	165,819.	
8 DIR. OF FINANCIAL REPORTING	(ii)	0	0	(
	(i) _							
9	(ii)				1			
	(i)							
10	(ii)				1			
	(i) _							
11	(ii)							
	(i) _							
12	(ii)							
	(i) _							
13	(ii)				1			
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)		<u> </u>	 	 + -			

Schedule J (Form 990) 2012

UB FOUNDATION ACTIVITIES, INC. 16-1372561

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to 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.

RELEVANT INFORMATION REGARDING COMPENSATION BENEFITS

PART I, LINE 1A

UB FOUNDATION ACTIVITIES, INC. FOLLOWS A WRITTEN POLICY REGARDING TRAVEL, ENTERTAINMENT, GIFTS, AND MISCELLANEOUS EXPENSES.

THE ABOVE POLICY PROVIDES GUIDANCE ON THE TRAVEL EXPENDITURES FOR COMPANIONS. THE POLICY STATES THAT TRAVEL EXPENSES FOR THE SPOUSE OF A UNIVERSITY AT BUFFALO OR UNIVERSITY AT BUFFALO FOUNDATION, INC.

(INCLUDING UB FOUNDATION ACTIVITIES, INC.) OFFICIAL IS GENERALLY NOT REIMBURSABLE UNLESS THE SPOUSE'S PRESENCE IS GERMANE TO THE BUSINESS PURPOSE OF THE EVENT THAT BROUGHT ABOUT THE TRAVEL.

THE ABOVE POLICY PROVIDES GUIDANCE ON MEALS AND ENTERTAINMENT AND STATES
THAT SUCH EXPENDITURES ARE PERMITTED WHEN CLEARLY RELATED TO ADVANCING
THE INTERESTS OF THE UNIVERSITY AT BUFFALO OR UNIVERSITY AT BUFFALO
FOUNDATION, INC. (INCLUDING UB FOUNDATION ACTIVITIES, INC.) SPECIFICALLY
UB FOUNDATION ACTIVITIES, INC. PAYS DUES FOR THE EXECUTIVE DIRECTOR AND
UNIVERSITY PRESIDENT TO A LOCAL BUSINESS/SOCIAL CLUB. THE CLUB IS USED
ENTIRELY TO CONDUCT BUSINESS OF THE UNIVERSITY AT BUFFALO OR UNIVERSITY

Schedule J (Form 990) 2012

UB FOUNDATION ACTIVITIES, INC. 16-1372561

Schedule J (Form 990) 2012

Part | Supplemental Information

Complete this part to 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.

AT BUFFALO FOUNDATION, INC. AND AFFILIATES (INCLUDING UB FOUNDATION ACTIVITIES, INC.)

COMPENSATION

PART II

THE INDIVIDUALS LISTED AS "HIGHEST COMPENSATED EMPLOYEES" ARE PAID BY UB FOUNDATION ACTIVITIES, INC. AND THE TAXABLE COMPENSATION FOR EACH IS REPORTED ON FORM W-2. UB FOUNDATION ACTIVITIES, INC. HAS REPORTED ITS HIGHEST COMPENSATED EMPLOYEES IN WHICH THEY HAVE DIRECTION AND CONTROL. IN ADDITION, UB FOUNDATION ACTIVITIES, INC. HAS REPORTED THE UNIVERSITY AT BUFFALO'S TOP 5 HIGHEST COMPENSATED EMPLOYEES IN WHICH DIRECTION AND CONTROL IS MAINTAINED BY THE UNIVERSITY AT BUFFALO. AS SUCH, THESE INDIVIDUALS DO NOT MEET THE COMMON LAW RULE OF THE EMPLOYER/EMPLOYEE RELATIONSHIP BETWEEN UB FOUNDATION ACTIVITIES, INC. AND THE "HIGHEST COMPENSATED EMPLOYEES."

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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 990-EZ.

Name of the organization

UB FOUNDATION ACTIVITIES, INC.

Employer identification number 16-1372561

TOTAL NUMBER OF INDIVIDUALS EMPLOYED

FORM 990, PART I, LINE 5

THE NUMBER OF W-2S REPORTED IN PART I, LINE 5 REPRESENT THE NUMBER OF EMPLOYEES IN WHICH UB FOUNDATION ACTIVITIES, INC. HAS DIRECTION AND CONTROL. THE MAJORITY OF THE W-2S ISSUED BY THE UB FOUNDATION ACTIVITIES, INC. ARE FOR INDIVIDUALS WHO UB FOUNDATION ACTIVITIES, INC. DOES NOT HAVE DIRECTION AND CONTROL. DIRECTION AND CONTROL IS MAINTAINED BY THE UNIVERSITY AT BUFFALO AND AS SUCH THESE INDIVIDUALS DO NOT MEET THE COMMON LAW RULE OF THE EMPLOYER/EMPLOYEE RELATIONSHIP BETWEEN UB FOUNDATION ACTIVITIES, INC. AND THE INDIVIDUALS.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

AFTER THE FORM 990 HAS BEEN PREPARED AND COMPLETED INTERNALLY IT IS
REVIEWED BY THE ORGANIZATION'S MANAGEMENT. AN EXTERNAL REVIEW OF THE FORM
990 IS THEN PERFORMED BY THE ORGANIZATION'S OUTSIDE ACCOUNTANTS (KPMG).
THE ORGANIZATION'S BOARD OF DIRECTORS HAS DELEGATED THE REVIEW PROCESS TO
THE AUDIT COMMITTEE OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC., AN
AFFILIATED ENTITY. THE FORM 990 IS DISCUSSED AT A MEETING OF THE AUDIT
COMMITTEE PRIOR TO FILING THE RETURN. UPON COMPLETION OF THEIR REVIEW, IT
IS PROVIDED TO THE FULL BOARD OF DIRECTORS, ALSO PRIOR TO THE FILING OF
THE RETURN WITH THE INTERNAL REVENUE SERVICE.

Name of the organization

UB FOUNDATION ACTIVITIES, INC.

Employer identification number

16-1372561

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. ALL DIRECTORS AND OFFICERS ARE ALSO REQUIRED TO PROVIDE ANY UPDATED

INFORMATION ON POTENTIAL CONFLICTS THAT ARISE PRIOR TO THE COMPLETION OF THE DISCLOSURE STATEMENT. ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL. ALL SITUATIONS THAT ARE DEEMED TO REPRESENT A CONFLICT AS DESCRIBED IN THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY, ARE REPORTED TO THE BOARD CHAIR. THE CONFLICTED INDIVIDUAL MUST RECUSE HIMSELF OR HERSELF DURING THE DISCUSSION OF AND VOTING ON AN ACTION THAT INVOLVES THE IDENTIFIED

COMPENSATION POLICY

CONFLICT.

FORM 990, PART VI, LINE 15A

THE PROCESS FOR DETERMINING THE COMPENSATION OF UB FOUNDATION ACTIVITIES, INC.'S TOP MANAGEMENT AND KEY EMPLOYEES MEETS THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION PROVISIONS UNDER TREAS. REG. §53.4958-6. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY UB FOUNDATION ACTIVITIES, INC.'S FINANCE COMMITTEE WHO IS INDEPENDENT OF MANAGEMENT AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT. IN ADDITION, THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED AND APPROVED IN ADVANCE BY THE PRESIDENT OF THE UNIVERSITY AT BUFFALO AND CHAIR OF THE BOARD OF THE UNIVERSITY AT BUFFALO FOUNDATION, INC.

2490700

0231FN 1592

Employer identification number

16-1372561

FOR TOP MANAGEMENT AND KEY EMPLOYEES, EXCEPT THE EXECUTIVE DIRECTOR,

COMPARABILITY DATA WAS RELIED UPON IN DETERMINING COMPENSATION LEVEL. THE

COMPARABILITY DATA INCLUDED AN ANNUAL STUDY FROM A NATIONAL EMPLOYMENT

FIRM, AN ANNUAL SURVEY FROM A LOCAL ACCOUNTING FIRM, AND REVIEW OF PUBLIC

DOCUMENTS OF SIMILARLY-SIZED ORGANIZATION. THE FINANCE COMMITTEE,

PRESIDENT, AND BOARD CHAIR ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR

SETTING THE COMPENSATION CONCURRENTLY WITH MAKING THE DETERMINATION.

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FORM 990, PART VI, LINE 19

THE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. IN ADDITION, THE FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND THE FORM 990 IS AVAILABLE AT WWW.GUIDESTAR.ORG.

COMPENSATION OF HIGHEST COMPENSATED EMPLOYEES

FORM 990, PART VII, SECTION A

THE INDIVIDUALS LISTED AS "HIGHEST COMPENSATED EMPLOYEES" ARE PAID BY UB FOUNDATION ACTIVITIES, INC. AND THE TAXABLE COMPENSATION FOR EACH IS REPORTED ON FORM W-2. UB FOUNDATION ACTIVITIES, INC. HAS REPORTED ITS HIGHEST COMPENSATED EMPLOYEES IN WHICH THEY HAVE DIRECTION AND CONTROL. IN ADDITION, UB FOUNDATION ACTIVITIES, INC. HAS REPORTED THE UNIVERSITY AT BUFFALO'S TOP 5 HIGHEST COMPENSATED EMPLOYEES IN FORM 990, PART VII IN WHICH DIRECTION AND CONTROL IS MAINTAINED BY THE UNIVERSITY AT BUFFALO. AS SUCH, THESE INDIVIDUALS DO NOT MEET THE COMMON LAW RULE OF THE EMPLOYEE/EMPLOYEE RELATIONSHIP BETWEEN UB FOUNDATION ACTIVITIES, INC. AND

Name of the organization	Employer identification number
UB FOUNDATION ACTIVITIES, INC.	16-1372561

THE "HIGHEST COMPENSATED EMPLOYEES."

ATTACHMENT 1

990, PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS	
									_

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMPUTER SOLUTIONS & SOFTWARE 4800 LYONS TECHNOLOGY PARKWAY COCONUT CREEK, FL 33073	CONSULTING	1,102,396.
KORN FERRY 33 SOUTH SIXTH STREET SUITE 4900 MINNEAPOLIS, MN 55402	CONSULTING	616,516.
RPCI CLINICAL PRACTICE PLAN 665 ELM STREET BUFFALO, NY 14263	MEDICAL	251,000.
BISON ELECTRICAL 4230 RIDGE LEA ROAD BUFFALO, NY 14226	ELECTRICIAN	228,004.
JBM COMPUTERS 20 NORTH AMERICA DRIVE WEST SENECA, NY 14224	CONSULTING	200,785.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization UB FOUNDATION ACTIVITIES, INC. **Employer identification number** 16-1372561

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (c) Legal domicile (state (e) End-of-year assets (f) Direct controlling Total income Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) entity (1) UBFA, LLC BOX 900 BUFFALO, NY 14226 FACIL. PROJ. NY 0 UB FDN ACTIV _(6)

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

- One of more related tax ox	empt organizations during ti	io tax your.,						
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	conti	12(b)(13)
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION	16-0865182							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UB FOUNDATION SERVICES, INC.	16-1331699							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11B	N/A		Х
(3) UNIVERSITY AT BUFFALO	14-6013200							
CROFTS HALL	BUFFALO, NY 14226	EDUCATION	NY	501(C)(3)	6	N/A		Х
_(4)								
<u>(5)</u>								
<u>(6)</u>								
_(7)								

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

Schedule R (Form 990) 2012

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PAGE 41

Schedule R (Form 990) 2012

Part l	Identification of Relate because it had one or n	ed Organizations nore related orga	Taxable anizations	e as a Partnersh s treated as a pa	.ip (Complete if the artnership during the	organization au tax year.)	nswered "Yes"	to F	orm	990, Part IV, I	ine 3	34	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	(j) eral or aging tner?	(k) Percentage ownership
			country)		300110113 312 314)			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

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

	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	Share of	Percen-	(i) Section
	, ,	(state or foreign		(C corp, S corp, or	income	end-of-year assets	tage	512(b)(control
		country)		trust)			ownership	entity
								Yes N
<u>(1)</u>								
<u>(2)</u>								
<u>(3)</u>								
<u>(4)</u>								
<u>(5)</u>								
<u>(6)</u>								
<u>(7)</u>								
	l			<u> </u>				للبل

Schedule R (Form 990) 2012

JSA

Schedule R (Form 990) 2012

Page 3 Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) Part V Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes 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? Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Х 1c Loans or loan guarantees to or for related organization(s) Χ Loans or loan guarantees by related organization(s) Χ Dividends from related organization(s) 1f Sale of assets to related organization(s) Χ Purchase of assets from related organization(s) Х Exchange of assets with related organization(s) Х Lease of facilities, equipment, or other assets to related organization(s) Х 1i Lease of facilities, equipment, or other assets from related organization(s) Х Performance of services or membership or fundraising solicitations for related organization(s) Х Performance of services or membership or fundraising solicitations by related organization(s) Х Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Χ 1n Sharing of paid employees with related organization(s) Χ 10 Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses Х 1q Other transfer of cash or property to related organization(s) Х 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 (b) (c) Method of determining Name of other organization Transaction Amount involved type (a-s) amount involved (1) (2) (3) (4) (5)

Schedule R (Form 990) 2012

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0231FN 1592 V 12-7.122490700 PAGE 43 Schedule R (Form 990) 2012

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No	(Yes	No	
(1)													
(2)													
(3)													
(4)													
<u>(5)</u>													
<u>(6)</u>													
(7)													
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(10)													
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Schedule R (Form 990) 2012

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0231FN 1592 V 12-7.12 2490700 PAGE 44

Schedule R (Form 990) 2012 Page 5

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2012