Return of Organization Exempt From Income Tax

Form **990**

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

OMB No. 1545-0047
2013

Open to Public Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	3 calendar year, or tax year beginning	07	7/01, 2013	, and e	endir	ng		06/	/30 ,20 ₁₄	
B c	heck if a	pplicable:	C Name of organization UNIVERSITY AT BUF INCUBATOR, INC.	FALO FO	OUNDATION	1			D Employer id	entifica	ation number	
	Addre		Doing Business As						16-1301	210		
	chan	ge e change	Number and street (or P.O. box if mail is not delivered t	to street addre	ess)	Room/s	suite		E Telephone number			
	+	l return	BOX 900		,				(716) 645-3011			
	+		City or town, state or province, country, and ZIP or fore	eign postal co	de				(710) 01	5 5	011	
	Amer	inated nded	BUFFALO, NY 14226-0900	G Gross receip	to ¢	540,248.						
	retur Appli	n cation	·	ם ת ת	CHNEIDER				H(a) Is this a group			
	pend				CUNEIDER				subordinates	?		
_	T		BOX 900 BUFFALO, NY 14226-090		12.17()(1)		1		H(b) Are all subord			
		empt st		sert no.)	4947(a)(1)	or	52	27	,		(see instructions)	
			WWW.UBFOUNDATION.BUFFALO.EDU						H(c) Group exem			
			nization: X Corporation Trust Association	Other	<u> </u>	L'	Year c	of format	ion: 1988 M	State of	of legal domicile: NY	
P	art I		mmary									
	1		y describe the organization's mission or most signif							AN]	INCUBATOR	
Governance			LILITY TO IDENTIFY AND AID START									
nar		STI	MULATING DEVELOPMENT AND INCREA	ASING I	NTERACTI	ON *S	SEE	SCHE	DULE O*			
Ş.	2		k this box 🕨 🔛 if the organization discontinued	•	•					S.		
õ	3	Numb	per of voting members of the governing body (Part \lor	/I, line 1a)						3	9.	
ο Q	4		per of independent voting members of the governing							4	9.	
ij	5	Total	number of individuals employed in calendar year 20	013 (Part V,	line 2a)					5	0	
Activities &	6	Total	number of volunteers (estimate if necessary)							6	9.	
ĕ	7a	Total	unrelated business revenue from Part VIII, column (C), line 12						7a	C	
	b	Net u	nrelated business taxable income from Form 990-T,	, line 34 🔒						7b	C	
									Prior Year		Current Year	
Φ	8	Contr	ibutions and grants (Part VIII, line 1h)				$\overline{}$			0	38,582.	
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		СОР	Y FOR			526,18	35.	501,666.	
	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7	7d)	PUBLIC II	NSPECT	ΓΙΟΝ			0	C	
œ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1							0	C	
	12		revenue - add lines 8 through 11 (must equal Part \						526,18	35.	540,248.	
	13		ts and similar amounts paid (Part IX, column (A), line						14,85	54.	C	
	14		fits paid to or for members (Part IX, column (A), line							0	C	
Ś	15		ies, other compensation, employee benefits (Part IX						0		C	
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 110							0	C	
x	b		fundraising expenses (Part IX, column (D), line 25)			^						
Ω̈́	17		expenses (Part IX, column (A), lines 11a-11d, 11f-2						498,82	23.	580,178.	
			expenses. Add lines 13-17 (must equal Part IX, colu						513,67	77.	580,178.	
			nue less expenses. Subtract line 18 from line 12						12,50		-39,930.	
o s								Begin	ning of Current	-	End of Year	
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)						934,66	9.	918,647.	
Ass	21		liabilities (Part X, line 26)						1,316,97	77.	1,340,885.	
F.E	22		ssets or fund balances. Subtract line 21 from line 20		 				-382,30		-422,238.	
	rt II		gnature Block						•		· · · · · · · · · · · · · · · · · · ·	
Un	der pe		of perjury, I declare that I have examined this return, incl							my k	nowledge and belief, it is	
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is bar	sed on all info	ormation of wh	ich prepa	arer ha	as any ki	nowledge.			
Sig			Signature of officer						Date			
He	re		EDWARD P. SCHNEIDER		EXECU'	TTVE	DTR	ECTO	R			
			Type or print name and title		1221100	<u> </u>	D 111	шсто	10			
		1	/Type preparer's name Preparer's si	ignature		Date	е		Chaok	if P	TIN	
Paid	t		, , , , , , , , , , , , , , , , , , ,	<u> </u>					Check self-employ	"	P01245482	
Preparer		F	s name ▶ KPMG LLP						Firm's EIN			
Use	Only		s name ► KPMG LLP s address ► 60 SOUTH STREET BOSTON,	M7\ 001	11						-988-1000	
Mar	the !		s address 60 SOUTH STREET BOSTON, scuss this return with the preparer shown above? (se						Phone no.	ΟΙ/-		
ivid	uie I	INO UIS	scuss tills return with the preparer snown above? (se	ระ แเรแนะแด	110)						X Yes No	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury Internal Revenue Service	▶ Do not send	$0.9 \ 0.7 \ / \ 0.1 $ 2013, and ending $0.6 \ / \ $ to the IRS. Keep for your records. O and its instructions is at www.irs.gov/f		2013
Name of exempt organization	***************************************	***************************************		tification number
FNUB, INC.			16-153	7468
Name and title of officer				
	NEIDER, EXECUTIVE DI			
	eturn and Return Information (WI			
check the box on line feave line 1b, 2b, 3b,	k here ► b Total revenue, neck here ► b Total tax (k here ► b Tax based on in	amount on that line for the return be lank (do not enter -0-). But, if you e	eing filed with this for the red -0- on the red he 12) 1b 2b 3b t VI, line 5), 4b	orm was blank, then
Part II Declaration	n and Signature Authorization of	Officer		· · · · · · · · · · · · · · · · · · ·
are true, correct, and corganization's electronito send the organizatio the transmission, (b) the authorize the U.S. Treatinancial institution accordum, and the financia Agent at 1-888-353-45 involved in the process resolve issues related to	ctronic return and accompanying schomplete. I further declare that the ancereturn. I consent to allow my intermi's return to the IRS and to receive from the IRS and the IRS and the IRS and the IRS and IRS a	rount in Part I above is the amount stediate service provider, transmitter, m the IRS (a) an acknowledgement of the return or refund, and (c) the date cent to initiate an electronic funds with oftware for payment of the organizatic count. To revoke a payment, I must to the payment (settlement) date. It to receive confidential information in sonal identification number (PIN) as neceived.	nown on the copy of or electronic return of receipt or reason of any refund. If appedrawal (direct debit tion's federal taxes also authorize the fecessary to answel	the originator (ERO) for rejection of licable, I entry to the owed on this easury Financial inancial institutions
Officer's PIN: check or X I authorize KF	MG LLP	to enter my PIN		as my signature
	ERO firm name		Enter five numbers, but do not enter all zeros	t
being filed with ERO to enter n As an officer of	tion's tax year 2013 electronically file a state agency(ies) regulating chariti by PIN on the return's disclosure conse the organization, I will enter my PIN ed within this return that a copy of the	es as part of the IRS Fed/State prog ent screen. as my signature on the organization's	ram, I also authorize s tax year 2013 elec	the aforementioned ctronically filed return.
	ate program, I will enter my PIN on th		,, , , , , , , , , , , , , , , , , , , ,	
5	11/501 -		ex 1. =	la kama
Officer's signature	July / Hill	Date	05-10-2	1012
	ion and Authentication			
	your six-digit electronic filing identifica	ation 0	40276	77778
number (Erm) followed	by your five-digit self-selected PIN.	<u> </u>	do not enter a	
indicated above. I confi	numeric entry is my PIN, which is my m that I am submitting this return in a ed IRS <i>e-file</i> Providers for Business Re	accordance with the requirements of		
ERO's signature ▶	'n 12m	Date ▶	05/01/15	
**************************************	ERO Must Retain	This Form - See Instructions		
		To the IRS Unless Requested To	Do So	
For Paperwork Reduct	on Act Notice, see back of form.			rm 8879-EO (2013)

OMB No. 1545-1878

Form 990 (2013) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE ORGANIZATION OPERATES AN INCUBATOR FACILITY TO IDENTIFY AND AID START-UP BUSINESSES WITH A PURPOSE OF STIMULATING DEVELOPMENT AND INCREASING INTERACTION BETWEEN THE UNIVERSITY AT BUFFALO AND SUCH BUSINESSES. 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 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. 4a (Code:) (Expenses \$ _{_580,178.} including grants of \$ _) (Revenue \$ 501,666.) THE PURPOSE OF THE FACILITY IS TO IDENTIFY AND AID START-UP BUSINESS AND INDUCE SUCH BUSINESSES TO OCCUPY THE INCUBATOR FACILITY WITH THE PURPOSE OF INCREASING EMPLOYMENT, STIMULATING ECONOMIC DEVELOPMENT AND INCREASING THE INTERACTION BETWEEN THE STATE UNIVERSITY OF NEW YORK AT BUFFALO AND SUCH START-UP BUSINESSES. THE 40,000 SQUARE FOOT FACILITY WAS DESIGNED TO BE AND STILL IS FDA COMPLIANT, A CRITICAL STEP FOR COMPANIES DEVELOPING EITHER PHARMACEUTICAL PRODUCTS OR MEDICAL DEVICES. THE GRADUATES OF THE INCUBATOR REPRESENT A VARIETY OF TECHNOLOGIES INCLUDING SOFTWARE, ENGINEERING, SYNTHETIC INTELLIGENCE, ENVIRONMENTAL, EDUCATION, LASERS, PHOTONICS, PHARMACEUTICALS AND OTHERS. **4b** (Code:) (Expenses \$ including grants of \$) (Revenue \$ **4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 580,178.

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Part	V 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		v
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		- 21
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	_		<u> </u>
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	١		
_	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	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's Separate of Consolidated financial statements for the tax year include a roothole that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"	···		
. <u>.</u> a	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
4.6	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		Х
12	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	11		Λ.
18	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?			
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

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Part I	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or 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		Х
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	·			
	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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
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?			
		25b		Х
20	If "Yes," complete Schedule L, Part L	230		- 21
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			3.7
	disqualified persons? If so, 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):			
а	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			
	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)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c		Х
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			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
21	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31		31		Х
22	Part I	J1		- 22
32		32		Х
	complete Schedule N, Part II	32		- 21
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
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		X
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? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	ļ .		-
30	19? Note . All Form 990 filers are required to complete Schedule O	38	х	
	13: Note. All 1 offit 330 filets are required to complete officially C	_ _	22	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			- 3
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Officers in confedence of containing a response of frote to any fine in this fact virial factor in the factor of t		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	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		
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
2 0	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" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
4 a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)?	a		
Ŋ	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5.0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		
D		6b		
7	gifts were not tax deductible?	UD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	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		- 21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.5		
C	required to file Form 8282?	7c		Х
٨	If "Yes," indicate the number of Forms 8282 filed during the year	70		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7 11		
0	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			
	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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans 13b			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə <i>.)</i>	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		<u> </u>
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_NY,			
18	Section 6104 requires an organization to make its Forms 1023 (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 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	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 t	he		
	organization: ▶edward p. schneider box 900 buffalo, NY 14226-0900 716-645-3011			

JSA Form **990** (2013)

3E1042 1.000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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.

				- (0						
(A)	(B)	Position (do not check more than one						(D)	(E)	(F)
Name and Title	Average hours per	er box, unless person is both an						Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any							from	related	other
	hours for				_			the	organizations	compensation
	related organizations below dotted line)	1 24 55	Institutional trustee	Officer	Key employee	Former Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)RAVINDAR BANSAL	1.00									
DIRECTOR	4.00	Х						0	0	(
(2)SHELDON BERLOW	1.00									
DIRECTOR	3.00	Х						o d	0	(
(3)GARY BICHLER	1.00									
DIRECTOR	4.00	Х						0	0	(
(4)THOMAS BLACK	1.00									
DIRECTOR	4.00	Х						o d	0	(
(5)BEVERLY FOIT-ALBERT	1.00									
CHAIR/DIRECTOR	4.00	Х		Χ				O	0	(
(6)JUDITH ITTIG	1.00									
DIRECTOR	4.00	X						O	0	(
(7)JORDAN LEVY	1.00									
DIRECTOR	3.00	X						O	0	(
(8)JEAN POWERS	1.00									
DIRECTOR	3.00	X						O	0	(
(9)RONALD SCHREIBER	1.00									
DIRECTOR	3.00	Х						O	0	(
(10)EDWARD SCHNEIDER	2.00									
EXECUTIVE DIRECTOR	58.00			Χ				O	192,449.	47,744.
(11)										
(12)										
(13)										
(14)										

Form **990** (2013)

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Pa	t VII Section A. Officers, Directors, Tr		ey En	ipic			and F	ııgı			es (co			
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	more rson	than o is both or/trust	an	(D) Reportable compensation from the	Reportab compensation related organization	n from	Est am	(F) timated ount of other pensatio	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N		orga and	om the anization I related nization	
1b c	Sub-total Total from continuation sheets to Part VII, S	Section A						>	0		0		47,7	0
	Total (add lines 1b and 1c)	limited to t		liste				o re	ceived more than				47,7	44.
3	Did the organization list any former office				ıste	ا م	KAV 6	mn	alovee or highest	t compensa	ted		Yes	No
	employee on line 1a? If "Yes," complete Sched	lule J for su	ch ind	ivid	ual							3		Х
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	lf	"Yes	n ai	nd other compens complete Schedu	sation from f le J for si	ine uch	4	Х	
	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report of year.											s tax		
	(A) Name and business add	dress							(B) Description of se	rvices	Co	(C) mpens	ation	

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

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 ▶ 0

Form **990** (2013)

JSA 3E1055 1.000

Part VIII	Statement	of Revenue
------------------	-----------	------------

		Check if Schedule O contains a respo	nse or note to a	ny line in this Part \	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$	38,582.				
	h	Total. Add lines 1a-1f	>	38,582.			
ne			Business Code				
Program Service Revenue	2a b c d	INCUBATOR PROGRAM	611710	501,666.	501,666.		
уrа	e						
õ	f	All other program service revenue					
ш.	3	Total. Add lines 2a-2f	est, and	501,666.			
	4	Income from investment of tax-exempt bond p		0			
	5	Royalties (i) Real	(ii) Personal	0			
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	<u></u>	0			
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c d	Gain or (loss)		0			
4				0			
Other Revenue	8a	Gross income from fundraising events (not including \$					
r Re		of contributions reported on line 1c). See Part IV, line 18 a					
he	b	Less: direct expenses b					
ŏ	С	Net income or (loss) from fundraising events .	<u> ▶</u>	0			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	<u></u>	0			
	10a	Gross sales of inventory, less returns and allowances a					
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory.		0			
	L	Miscellaneous Revenue	Business Code				
	11a						
	b						
	C	All other revenue					
	d			0			
	12	Total Add lines 11a-11d		-	503.555		
	12	Total revenue. See instructions	<u> </u>	540,248.	501,666.		

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JSA 3E1051 1.000

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

	Check ii Schedule O contains a resp	Donse of flote to arry in	IC III IIIS FAIL IA		<u> </u>
	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 $$.	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	0			
	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
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	0			
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	106,793.	106,793.		
b	Legal	127.	127.		
С	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	0			
	(A) amount, list line 11g expenses on Schedule O.)	0 9,744.	0.744		
	Advertising and promotion		9,744.		
	Office expenses	31,816. 4,262.	31,816. 4,262.		
	Information technology	4,202.	4,202.		
	Royalties	155,651.	155,651.		
	Occupancy	6,700.	6,700.		
	Travel	0,700.	0,700.		
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
10	Conferences, conventions, and meetings	0			
	Interest	64.	64.		
	Payments to affiliates	0			
	Depreciation, depletion, and amortization	111,607.	111,607.		
	Insurance	18,404.	18,404.		
	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.)				
а	REPAIRS AND MAINTENANCE	132,510.	132,510.		
b	OTHER	2,500.	2,500.		
С					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	580,178.	580,178.		
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 following SOR 98.2 (ASC 958.720)				
	following SOP 98-2 (ASC 958-720)	0			1

JSA 3E1052 1.000

Form **990** (2013)

Form 990 (2013) Page **11**

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Pa	rt X		
				•	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			5,259.	1	23,433.
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			15,116.	4	13,838.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	-				
	_	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 4958(f)(1)), persons described in section 4958(c)(3)(B)					
		and sponsoring organizations of section $501(c)(9)$ volu					_
S		organizations (see instructions). Complete Part II of Sche			0		0
Assets	7	Notes and loans receivable, net			0	7	0
As	8	Inventories for sale or use			10 200	8	0 101
	9	Prepaid expenses and deferred charges			10,392.	9	29,404.
	10 a	Land, buildings, and equipment: cost or	40-	6 002 262			
		other basis. Complete Part VI of Schedule D Less: accumulated depreciation		6,993,363.	885,436.	10-	833,506.
		·			005,430.	111	033,300.
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11			18,466.		18,466.
	13	Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11				13	10,100.
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11	• • •		0	15	0
	16	Total assets. Add lines 1 through 15 (must equal	line 3	4)	934,669.		918,647.
	17	Accounts payable and accrued expenses			40,977.		32,856.
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
es	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D	0	21	0
Liabilities	22	Loans and other payables to current and for	rmer	officers, directors,			
iab		trustees, key employees, highest compen					
		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			0	24	0
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines			1 276 000		1 200 020
	20	of Schedule D Total liabilities. Add lines 17 through 25			1,276,000. 1,316,977.		1,308,029.
_	26	Organizations that follow SFAS 117 (ASC 958),			1,310,977.	26	1,340,003.
ses		complete lines 27 through 29, and lines 33 and	34.	there \triangleright \triangle and			
and	27	Unrestricted net assets			-382,308.	27	-422,238.
Bal	28	Temporarily restricted net assets			0	28	0
pu	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	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ	iipmer	nt fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Ne	33	Total net assets or fund balances			-382,308.	33	-422,238.
	34	Total liabilities and net assets/fund balances			934,669.	34	918,647.

Form **990** (2013)

Form 990 (2013) Page **12**

	0 (2013)				1 4	JC 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			40,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			80,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			39,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-3	82,3	808.
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		-4	22,2	238.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					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," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	in			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	forth	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		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.
►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

/form990. Inspection

vame of	the organization $\cup \mathbb{N} \perp \mathbb{N}$	VERSITY AT BU	FFALO FOUNDATION					Emplo	yer iden	tification number	
INCUB	ATOR, INC.								16-	-1301210	
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st con	nplete	this pa	rt.) Se	e instru	uctions		
The org	anization is not a priv	ate foundation be	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)			
1	A church, convention	on of churches, or	association of churches	describ	ed in s	ection	170(b)(1)(A)(i)			
2	₹		(1)(A)(ii). (Attach Schedul								
3	₹		service organization descri		sectio	n 170(b)(1)(A)	(iii).			
4	· ·		erated in conjunction wi			-			n 170(k	o)(1)(A)(iii). Enter t	the
	hospital's name, cit	= :	,		•				`	,,,,,,	
5	-		nefit of a college or universely	ersitv	owned	or ope	rated b	ov a go	vernme	ntal unit described	l in
	section 170(b)(1)(-	,		•		, ,			
6	-		or governmental unit des	cribed	in sect	ion 170	(b)(1)(A)(v).			
7		•	es a substantial part of it						it or fro	om the general pub	olic
	described in sectio	•	•			J				5 1	
8	¬		on 170(b)(1)(A)(vi). (Com	plete F	Part II.)						
9	•		es: (1) more than 331/3%			rt from	contrib	utions,	membe	ership fees, and gro	oss
	-		exempt functions - subj								
	•		ome and unrelated busi			-					
	acquired by the org	ganization after Jur	ne 30, 1975. See section	509(a)(2). (C	Complete	e Part I	II.)		•	
10	, · · · · · · · ·	=	ted exclusively to test for			-		-).		
11 X	An organization o	rganized and ope	rated exclusively for the	bene	fit of,	to perfe	orm the	e funct	ions of	, or to carry out	the
	purposes of one o	r more publicly su	apported organizations de	escribe	d in s	ection 5	09(a)(1) or se	ection 5	09(a)(2). See sect	ion
	509(a)(3). Check th	ne box that describ	es the type of supporting	organ	ization	and coi	mplete	lines 11	1e throu	ıgh 11h.	
	a Type I	b Type II	c X Type III-Function	nally in	tegrate	ed	d	Type III	I-Non-fι	unctionally integrate	d
e X	By checking this be	ox, I certify that the	e organization is not conf	trolled	directl	y or ind	lirectly	by one	or mor	e disqualified perso	ons
	other than foundat	ion managers and	other than one or more	publicl	y supp	orted o	rganiza	tions d	escribe	d in section 509(a)	(1)
	or section 509(a)(2	2).									
f	If the organization	received a writte	n determination from the	e IRS	that it	is a Ty	pe I, T	ype II,	or Type	e III supporting	
	organization, check	this box								[
g	Since August 17, 2	2006, has the orga	nization accepted any gift	or co	ntributi	on from	any of	the			
	following persons?									·	
	(i) A person who	directly or indirect	tly controls, either alone	or toge	ether v	vith per	sons de	escribe	d in (ii)	and Yes I	No
	(iii) below, the	governing body of	the supported organization	on?						11g(i)	X
	(ii) A family memb	ber of a person des	scribed in (i) above?							11g(ii)	X
	(iii) A 35% control	led entity of a pers	son described in (i) or (ii) a	bove?						11g(iii)	X
h	Provide the following	ng information abo	ut the supported organiza	ation(s)).						
(i)	Name of supported	(ii) EIN	(iii) Type of organization		ls the	(v) Did y			s the	(vii) Amount of moneta	ary
	organization		(described on lines 1-9 above or IRC section	col. (i)	zation in Iisted in	the orga		organız col. (i) o	zation in rganized	support	
			(see instructions))		overning ment?	supp			U.S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
' 'ATT	ACHMENT 1										
(B)											
											—
(C)											
(D)											
(J)											
(E)											
											—
Total										580,17	8.

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Page 2

_	, , , , , , , , , , , , , , , , , , , ,						
Pai	Support Schedule for Orga (Complete only if you checked)						
	Part III. If the organization fai						,
Sec	tion A. Public Support					,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) Public support. Subtract line 5 from line 4.						
_	tion B. Total Support		ı				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	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. (s	see instructions) .				12	
13	First five years. If the Form 990 is f organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2013 (li					14	<u>%</u>
15	Public support percentage from 2012						<u>%</u>
16a	331/3% support test - 2013. If the o	•					
b	this box and stop here . The organizati 33 1/3% support test - 2012 . If the coheck this box and stop here . The org	organization did	not check a b	ox on line 13 o	or 16a, and line	e 15 is 331/3%	or more,
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part IV how the organization meets organization. 10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organization in Part IV how the organization	2013. If the orgoneets the "fathe "facts-and-control organization meets	ganization did nots-and-circums circumstances" t ganization did r s the "facts-an	ot check a box tances" test, chest. The organion to check a box d-circumstances	on line 13, 16 neck this box a sization qualifies on line 13, 16 test, check t	a, or 16b, and I nd stop here. E as a publicly s 	ine 14 is Explain in upported and line op here.
	supported organization				•	•	

Schedule A (Form 990 or 990-EZ) 2013

JSA

3E1220 1.000 0312GG 1592 V 13-7.15 2490703 PAGE 15

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 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	,		,,		,	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
. u	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						
^	Add lines 7a and 7b						
	Public support (Subtract line 7c from						
_	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6			- /			
	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						
12	Other income. Do not include gain or						
12	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 vear a	s a section 5017	c)(3)
	organization, check this box and stop here .	ŭ			•	`	^` ′
Sec	tion C. Computation of Public Sup						
<u> 15</u>	Public support percentage for 2013 (line 8,			nn (f))		15	%
16	Public support percentage from 2012 Sche					16	
	tion D. Computation of Investmen						,,,
<u> 17</u>	Investment income percentage for 2013 (lir			3. column (f))		17	%
18	Investment income percentage from 2012 S					18	
	331/3% support tests - 2013. If the org						
134	17 is not more than 331/3%, check thi						
h	331/3% support tests - 2012. If the orga	-	-				
D	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		-	•			
				,	,		

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Schedule A (Form 990 or 990-EZ) 2013

Supplemental Information. 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	SUPPORTED C	RGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
		0.5				500 450
UNIVERSITY AT BUFFALO	14-6013200	06	X	X	X	580,178.
UNIVERSITY AT BUFFALO FOUNDATION	16-0865182	07	Х	Х	Х	0
TOTAL AMOUNT OF SUPPORT						580.178

Schedule A (Form 990 or 990-EZ) 2013

JSA 3E1225 2.000

Schedule B

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

Schedule of Contributors

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

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

INCUBATOR, INC.		16-1301210
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	rate foundation
	501(c)(3) taxable private foundation	
instructions. General Rule		
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the yea by one contributor. Complete Parts I and II.	ar, \$5,000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, and II.	r, during the year, a contribution of
during the year, to	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receptal contributions of more than \$1,000 for use <i>exclusively</i> for religion rposes, or the prevention of cruelty to children or animals. Complete	ous, charitable, scientific, literary,
during the year, c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recesontributions for use <i>exclusively</i> for religious, charitable, etc., purpos than \$1,000. If this box is checked, enter here the total contribution	ses, but these contributions did

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) (2013)

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

Name of organization UNIVERSITY AT BUFFALO FOUNDATION Employer identification number INCUBATOR, INC. 16-1301210

Part I Co	ntributors (see instructions). Use duplicate copies	of Part I if additional space is nee	ded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$38,582.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization UNIVERSITY AT BUFFALO FOUNDATION Employer identification number INCUBATOR, INC. 16-1301210

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

0312GG 1592

Name of organization UNIVERSITY AT BUFFALO FOUNDATION **Employer identification number** 16-1301210 INCUBATOR, INC Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

JSA

SCHEDULE D (Form 990)

Supplemental Financial Statements ► 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.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Nam	of the organization UNIVERSITY AT BUFFALO	FOUNDATION		Employer	identification number
INC	UBATOR, INC.			16-1	1301210
Pa	Organizations Maintaining Donor Advi Complete if the organization answered			Accounts.	
		(a) Donor advis	ed funds	(b) Fu	nds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year.				
5	Did the organization inform all donors and donor	advisors in writing that	the assets held in	donor advi	ised
	funds are the organization's property, subject to the	ne organization's exclusiv	e legal control?		Yes No
6	Did the organization inform all grantees, donors, a	and donor advisors in wri	ting that grant fur	ıds can be u	sed
	only for charitable purposes and not for the bene				
	conferring impermissible private benefit?				Yes . No
Pa	t II Conservation Easements. Complete if			rm 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the	_ · · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (e.g., red	creation or education)			cally important land area
	Protection of natural habitat	L	Preservation	of a certified	d historic structure
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization	held a qualified conserva	tion contribution in	n the form o	f a conservation
	easement on the last day of the tax year.			Hole	d at the End of the Tax Year
_	Total average of a consequence				u at the Life of the rax real
a	Total number of conservation easements				
b	Total acreage restricted by conservation easement				
c d	Number of conservation easements on a certified Number of conservation easements included in (20	
u	historic structure listed in the National Register.			2d	
3	Number of conservation easements modified, tra				organization during the
•	tax year >	insterred, released, extir	guisilea, or termin	lated by the	organization during the
4	Number of states where property subject to cons	servation easement is loca	ted ▶		
5	Does the organization have a written policy regar				
	violations, and enforcement of the conservation e			_	Yes No
6	Staff and volunteer hours devoted to monitoring,				
	>				
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing con	servation easeme	ents during th	ne year
	▶ \$				
8	Does each conservation easement reported on li		•		
	(i) and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports			•	
	balance sheet, and include, if applicable, the text		ganization's financ	cial statemer	nts that describes the
Do	organization's accounting for conservation easem till Organizations Maintaining Collection		SOURCE OF Othe	r Cimilar /	\
Га	Complete if the organization answere			ei Siiiiilai <i>F</i>	455E15.
	· · · · · · · · · · · · · · · · · · ·				
1a	If the organization elected, as permitted under sworks of art, historical treasures, or other sim public service, provide, in Part XIII, the text of the	ilar assets held for publication for four formula in the footnote to its financial size.	of to report in its ic exhibition, edu tatements that de	revenue staucation, or scribes these	atement and balance sheet research in furtherance of e items.
b	If the organization elected, as permitted under works of art, historical treasures, or other sim public service, provide the following amounts rela-	ilar assets held for publ			
	(i) Revenues included in Form 990, Part VIII, line				▶ \$
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of				
_	following amounts required to be reported under				

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

Schedule D (Form 990) 2013

▶ \$ _

▶ \$

Schedule D (Form 990) 2013 Page **2**

Par	t Organizations Maintaining	Collections of	Art,	Historio	cal Tr	easur	es, (or Oth	ner Simila	ar Asse	ts (cor	ntinue	ed)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and o	other re	ecords,	check	any o	f the	follow	ing that a	re a sigr	nificant	use c	of its
а	Public exhibition		d	<u> </u>	oan or	excha	ange	prograr	ms				
b	Scholarly research		е		Other _								
С	Preservation for future generation												
4	Provide a description of the organizar	tion's collections	and e	explain h	now th	ey fur	ther	the ore	ganization's	s exemp	t purpos	se in	Part
	XIII.												
5	During the year, did the organization so												٦
	assets to be sold to raise funds rather t										Yes		<u>No</u>
Par	t IV Escrow and Custodial Arran				rganız	zation	ansı	werea	"Yes" to F	orm 99	0, Part	IV, III	ne 9,
	or reported an amount on Fo	om 990, Pan 7	, iine i	Z1.									
1.	le the ergonization on agent trustee of	untadian ar atha	r intorn	o o dio mu	for oon	strib uti	000.0	r othor	r aggeta no				
ıa	Is the organization an agent, trustee, co									, L] N.
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part 1.	rt VIII and compl	oto tho	followir	a tabl					L	Yes		No
D	ii res, explain the arrangement in Fa	nt Ain and Compi	ete tile	HOHOWII	ig table	ᡛ.			Λ.	mount			
С	Beginning balance						1c		Λ.	mount			
ч	Additions during the year						1d						
۰ ۱	Distributions during the year						1e						
f	Ending balance						-						
2a	Did the organization include an amoun										Yes		No
	If "Yes," explain the arrangement in Par												
	t V Endowment Funds. Comple												
		(a) Current year		Prior yea		(c) Tw			(d) Three ye		(e) Four	years	back
1a	Beginning of year balance			<u> </u>									
	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the		nd bala	ance (lin	e 1g, c	column	(a)) l	held as	:				
а	Board designated or quasi-endowment		_% _										
	Permanent endowment												
С	Temporarily restricted endowment	%											
_	The percentages in lines 2a, 2b, and $\bar{2}$												
3a	Are there endowment funds not in the	possession of the	ne orga	anization	that a	ire hel	d and	i admir	listered for	tne	_		
	organization by:											Yes	No
	(i) unrelated organizations										3a(i)		
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	otiona liated as		d an Cal		 D2					3a(ii)		
								• • • •			3b		
4	Describe in Part XIII the intended uses t VI Land, Buildings, and Equipm		1011 5 61	luowille	iii iuiic	JS.							
Par	Land, Buildings, and Equipm Complete if the organization	answered "Ye	s" to F	orm 99	0, Pa	rt IV, I	ine 1	1a. Se	ee Form 9	90, Par	t X, line	10.	
	Description of property	(a) Cost or	other ba		Cost or	other ba	_	(c) Acc	cumulated		d) Book va		
12	Land	(inves	tment)		(oth	ner) 96,10	11	aepr	eciation		1	96 1	101.
	Buildings					22,38	_	5 4	32,700.				587.
	Leasehold improvements					93,76			51,752.				013.
d	Equipment					31,11			75,405.				705.
e	Other					,			-,			- / /	
	I. Add lines 1a through 1e. (Column (d)	must equal Forn	n 990, I	Part X, c	olumn	(B), lin	e 10((c).).	▶		8	33,5	506.

Schedule D (Form 990) 2013 Page **3**

Part VII	Complete if the organization answered	"Yes" to Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		"Yes" to Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
_(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
I dit ix		"Yes" to Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
		Description	(b) Book value
(1)	(7		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" to Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	e
	ral income taxes	(4)	
	FROM UB FOUNDATION	1,264,	000.
(3) PAYA	BLE TO UB FOUNDATION ACTIVITIES	44,	021.
(4) PAYA	BLE TO UB FOUNDATION		8.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)	1 ,308,	029.
2. Liability fo	or uncertain tax positions. In Part XIII, provide the t	ext of the footnote to th	e organization's financial statements that reports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	540,248.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	340,240.
a	Net unrealized gains on investments 2a	-	
b	Donated services and use of facilities 2b	-	
C C	Recoveries of prior year grants Other (Describe in Part VIII.)	-	
d	Other (Describe in Part XIII.) Add lines 22 through 2d	-	
е 3	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	540,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	3	340,240.
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
	A del line e A e en el Ale	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	540,248.
Part		_	31072101
· art	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	41 1 11	
1	Total expenses and losses per audited financial statements	1	580,178.
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	1	
C	Other losses 2c	1	
d	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	580,178.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
	Add lines 4a and 4b	4c	
	Add lines 4a and 4b	4c 5	580,178.
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	-	580,178.
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ite the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	5 art V, line	
c 5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5 art V, line	
5 Part Provid 2; Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information. Ite the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; P	5 art V, line	
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JSA 3E1271 1.000 Schedule D (Form 990) 2013

Page 5

Part XIII Supplemental Information (continued)

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS RULED THAT THE UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, 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 NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OR SECTION 509(A)(3) OF THE INTERNAL REVENUE CODE. UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, 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, 2014.

Schedule D (Form 990) 2013

JSA 3E1226 1.000

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. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INCUBATOR, INC.

UNIVERSITY AT BUFFALO FOUNDATION

Employer identification number 16-1301210

Part	Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, 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			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If 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			
	explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate 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 related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	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: Receive a severance payment or change-of-control payment?	4a		Х
a	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
b	Participate in, or receive payment from an equity based compensation errorgement?	46 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		Λ
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/a\/2\ and 504/a\/4\ averaginations must complete lines 5.0			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	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:	_		37
a	The organization?	5a		X
b	Any related organization?	5b		X
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	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		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2013

UNIVERSITY AT BUFFALO FOUNDATION 16-1301210

Schedule J (Form 990) 2013

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 SCHNEIDER	(i)	0	() () q	0	0	
1 EXECUTIVE DIRECTOR	(ii)	192,449.	()	28,444.	19,300.	240,193.	
	(i) _							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i) _			ļ				
5	(ii)							
	(i)			ļ				
6	(ii)							
	(i)			ļ 				
7	(ii)							
	(i)			ļ 				
8	(ii)							
	(i)			ļ 				
9	(ii)							
	(i) _			ļ				
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i) _							
14	(ii)							
	(i)			<u> </u>	<u> </u>			
15	(ii)							
	(i)							
16	(ii)						·	

Schedule J (Form 990) 2013

JSA 3E1291 1.000

UNIVERSITY AT BUFFALO FOUNDATION 16-1301210

Schedule J (Form 990) 2013

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.

COMPENSATION

PART I AND PART II

UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC. DOES NOT COMPENSATE ANY OFFICERS, DIRECTORS, OR KEY EMPLOYEES. CERTAIN INDIVIDUALS RECEIVED COMPENSATION FROM A RELATED ORGANIZATION AND THE PROCESS OF DETERMINING COMPENSATION IS CONDUCTED AT THE RELATED ORGANIZATION'S LEVEL USING A COMPENSATION COMMITTEE, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Schedule J (Form 990) 2013

JSA 3E1505 1.000

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2013

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

UNIVERSITY AT BUFFALO FOUNDATION

16-1301210

Employer identification number

INCUBATOR, INC.

ORGANIZATION'S MISSION

FORM 990, PART I

BETWEEN THE UNIVERSITY AT BUFFALO AND SUCH BUSINESSES.

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 THE AUDIT
COMMITTEE'S REVIEW, THE FORM 990 IS PROVIDED TO THE FULL BOARD OF
DIRECTORS PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE.

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

Name of the organization UNIVERSITY AT BUFFALO FOUNDATION Employer identification number INCUBATOR, INC. 16-1301210

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 CONFLICT.

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.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

See separate instructions.

Open to Public ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

UNIVERSITY AT BUFFALO FOUNDATION

Name of the organization Employer identification number INCUBATOR, INC. 16-1301210

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

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

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(g) 512(b)(13) trolled tity?
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION,	INC. 16-0865182							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	7	N/A		X
(2) UBF CORPORATION	51-0164454							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(2)	N/A	N/A		X
(3) FNUB, INC.	16-1537468							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	9	N/A		X
(4) UBF FACULTY - STUDENT HOUSING COR	16-1372560							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	9	N/A		X
(5) UNIVERSITY AT BUFFALO	14-6013200							
CROFTS HALL	BUFFALO, NY 14226	EDUCATION	NY	501(C)(3)	6	N/A		X
<u>(6)</u>								

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

Schedule R (Form 990) 2013

OMB No. 1545-0047

Inspection

JSA 3E1307 1.000

Schedule R (Form 990) 2013

Part I	Identification of Relate because it had one or r						swered "Yes" o	on Fo	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	Disprop	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
			ocunity)					Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b contr	ti) ction b)(13) rolled tity?
								Yes	
(1) 248 NORTH LONG STREET, INC. 16-1264031									
BOX 900 BUFFALO, NY 14266	RESIDENTIAL	NY	UBFI	C CORP	47,360.	512,329.	100.0000	х	
(2)									
(3)									_
(4)									
(5)								+-+	—
(5)	_								
(6)									—
<u></u>									
(7)									_

JSA

(7)

3E1308 1.000

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013

Pa	rt V Transactions With Related Organizations Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c	Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
•							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	_
0	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t				sholds	3.	
	(a)	(b)	(c)	Method	(d)		
	Name of related organization	Transaction type (a-s)	Amount involved		unt inv		ıg
		, ,					
<u>(1)</u>							
(2)							
(3)							
<u>(4)</u>							
<u>(5)</u>							
(6)							

JSA 3E1309 1.000 Schedule R (Form 990) 2013

Page 3

Schedule R (Form 990) 2013

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	Are all sec 501	partners tion c)(3) cations?	(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)	(j) General or managing partner?		General or managing		General or managing		General or managing		(k) Percentag ownership
			section 512-514)	Yes				Yes	No	(FOIII 1065)	Yes	No							
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Supplemental Information Part VII

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

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