	_				_			_	L	OMB No. 15	45-0047	
Form <b>990</b>			Return of C	me Tax	୬ଲ	12						
	-		Under section 501(c),				Code	(except black lu	ng	ZU		
Depa	artment	of the Treasury		benefit trust or p						Open to I		
		enue Service	-	may have to use a copy		-				Inspect	on	
	or th		endar year, or tax year begi		/01, <b>2012</b> ,		g	D Employer identi		, <b>20</b> 13		
<b>В</b> с	heck if a	oplicable <sup>.</sup>	ame of organization UNIVERSITY	AI BUFFALO FOU	UNDAIION			16-13012		number		
		Address Doing Rusinger As										
-		change         Doing Business As           Name change         Number and street (or P.O. box if mail is not delivered to street address)         Room/suite         E         Telephone number										
-	-	-	OX 900		,			(716) 645-	3011			
	-		ty, town or post office, state, and ZIP c	ode				( ,				
	Amer	nded B	UFFALO, NY 14226-090	0				G Gross receipts \$	i	526	,185.	
	Appli pendi	cation F	Name and address of principal officer:	EDWARD P. SCH	INEIDER			H(a) Is this a group re	turn for	Yes	X No	
	_ pond		OX 900 BUFFALO, NY 1	4226-0900				affiliates? H(b) Are all affiliates in	ncluded?	Yes	No	
I	Tax-ex	empt status:	X 501(c)(3) 501(c) (	) ┥ (insert no.)	4947(a)(1) d	or 527	7	If "No," attach a l	ist. (see ir	nstructions)		
J	Websi	ite: 🕨 WWW	.UBFOUNDATION.BUFFAL	JO.EDU				H(c) Group exemption	number	•		
-		of organizatior	n: X Corporation Trust	Association Other	<u> </u>	L Year of	f format	ion: 1988 <b>M</b> Stat	e of leg	al domicile:	NY	
Pa	rt I	Summa	ry									
	1		cribe the organization's mission o	-								
ø			GANIZATION OPERATES A									
and			JP_BUSINESSES_WITH_A									
Governance		INCREAS	SING_INTERACTION_BET									
ő		Check this	v	discontinued its operation	•			1			•	
യ് ഗ	3		voting members of the governing						<u> </u>		9.	
Activities &	4		independent voting members of						+		8.	
cti∨	5		er of individuals employed in cal								0	
Ă	6		er of volunteers (estimate if neces	**	• • • • • •		• • •	6	+		<u> </u>	
			ated business revenue from Part \ ed business taxable income from								0	
		Net unrelat	ed business taxable income nom	Form 990-1, line 34			<u></u>	Prior Year	-	Current Y		
	8	Contributio	ns and grants (Part VIII, line 1h)				<u> </u>	(	2		0	
Revenue	9		ervice revenue (Part VIII, line 2g)					508,041.		526	,185.	
eve	10	Investment	income (Part VIII, column (A), lin	es 3, 4, and 7d)				(	C		0	
£	11		nue (Part VIII, column (A), lines 5					(	C		0	
	12		ue - add lines 8 through 11 (mus					508,041.		526,185		
	13	Grants and	l similar amounts paid (Part IX, col	umn (A), lines 1-3)				9,193.		14	,854.	
	14	Benefits pa	id to or for members (Part IX, colu	umn (A), line 4)					כ		0	
es	15		ther compensation, employee ben						C		0	
Expenses			al fundraising fees (Part IX, colum					(			0	
Хр			aising expenses (Part IX, column (									
_			nses (Part IX, column (A), lines 1					533,795.	_		,823.	
	18		nses. Add lines 13-17 (must equa					542,988.			,677.	
۲ s	19	Revenue le	ess expenses. Subtract line 18 from	m line 12		<u></u>	Bogin	-34,947. ning of Current Year	-	⊥2 End of Yea	<u>,508.</u>	
Assets or d Balances	20	Total asset	e (Part X line 16)				Degin	1,005,938.	_		,669.	
Asse Bala	20 21		s (Part X, line 16) ties (Part X, line 26)				<u> </u>	1,400,754.		1,316		
Net ⊿ Fund	22		or fund balances. Subtract line 2				<u> </u>	-394,816.	_		,308.	
	rt II		ure Block					0717010		001	70001	
Un	der per	nalties of perj	ury, I declare that I have examined th	nis return, including accomp	anying schedu	les and staten	nents, a	nd to the best of my	/ knowle	dge and be	elief, it is	
true	e, corre	ect, and comp	lete. Declaration of preparer (other tha	n officer) is based on all info	rmation of whic	ch preparer ha	s any kr	nowledge.				
Sig		Signa	ture of officer					Date				
Не	re	EDW	ARD P. SCHNEIDER		EXECUT	'IVE DIRI	ECTO	R				
_		Туре	or print name and title									
D-1	J	Print/Type	preparer's name	Preparer's signature		Date		Check if	PTIN			
Paic	a parer							self-employed		012454	82	
	only	Firm's name							-556			
		Firm's addre	ess ► 60 SOUTH STREET							8-1000		
-			this return with the preparer show		s)						No	
For	Pape	rwork Redu	ction Act Notice, see the separa	te instructions.						Form <b>990</b>	<b>)</b> (2012)	

**IRS e-file Signature Authorization** Form 8879-EO for an Exempt Organization For calendar year 2012, or fiscal year beginning 0.7/0.1, 2012, and ending 0.6/3.0, 20.1.3 Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service Employer identification number Name of exempt organization UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC. 16-1301210 Name and title of officer EXECUTIVE DIRECTOR EDWARD P. SCHNEIDER Partl Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0on the applicable line below. Do not complete more than 1 line in Part I. F **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the

1a	Form 990 check here F X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	526,185.
2a	Form 990-EZ check here  Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b	
5a	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

ERO firm name

Officer's PIN: check one box only

X Lauthorize KPMG LLP

to enter my PIN

Enter five numbers, but

do not enter all zeros

as my signature

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 

requirements of F	iled return for the organization Pub. 4163, Modernized e-File (MeF)
Date 🕨	05/06/14
Instructions	
Requested To	Do So
	nstructions

OMB No. 1545-1878

	UNIVERSITY AT BUFFALO FOUNDATION	16-1301210
	n 990 (2012) art III Statement of Program Service Accomplishments	Page 2
	Check if Schedule O contains a response to any question in this Part III	
1	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 lis	
	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 services?	Yes X No
	services? If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest prog	ram services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of gr	-
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$	\$526,185 <b>)</b>
	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 3	\$)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	\$)

4d Other program servio	ces (Describe in Schedul	e O.)			
(Expenses \$	including grants	s of \$	) (Revenue \$	)	
4e Total program servi	ce expenses 🕨	513,677.			

Part	Checklist of Required Schedules		ŀ	Page 3
Part	Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			v
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		v
	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	11c		х
Ь	of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI and XII	12a		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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4 4 4		v
4 5	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 assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
10	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 9	990 (2012)		I	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			37
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		37
	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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):	200		Х
a L	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		х
-	Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
20	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
31	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
52	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•.	or IV, and Part V, line 1.	34	X	
35 a	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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? 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			
	19? Note All Form 990 filers are required to complete Schedule O	38	x	

Page 5

Par				
	Check if Schedule O contains a response to any question in this Part V			-
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	21	
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
, N	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	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		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
-	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
n o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
0	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		í

Form	aan	(201)	2)
FOIIII	990	(201	Z)

16-1301210 Page **6** 

Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			"No"
	Check if Schedule O contains a response to any question in this Part VI			X
<b>Soot</b>	ion A. Governing Body and Management			Δ
Seci	ion A. Governing Body and Management		Yes	No
_			163	NO
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		37
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
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			
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u>,</u>	Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue (	Joae	.) Yes	No
		40-	163	X
	Did the organization have local chapters, branches, or affiliates?	10a		<u></u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	120	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	21	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
_	rise to conflicts?	120	21	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
40	describe in Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?		X	
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	~ 7	
15				
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		х
a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	150		
40-				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable aptituduring the war?	160		х
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	<u>16a</u>		
b				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Sect	ion C. Disclosure	100		I
17 10	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright_{NY}^{NY}$ . Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			
18	<u>available for public inspection.</u> Indicate how you <u>made these available.</u> Check all that apply.	01(0)(	5/5 0	i iiy <i>)</i>
	X       Own website       Another's 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	inter	act r	oliov
15	and financial statements available to the public during the tax year.	inter	001 þ	,oncy,

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

Page 7

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contractors							-	

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C) Position						(D)		
Name and Title	(b) Average						ne	Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and The	hours per							compensation	compensation from	amount of
	week (list any						ee)	from	related	other
	hours for	or In	In	Q	5	en Hi	Fo	the	organizations (W-2/1099-MISC)	compensation from the
	related organizations	Individual trustee or director	stitu	Officer	Key employee	ghes	Former	organization (W-2/1099-MISC)	(1099-10130)	organization
	below dotted	ctor	tiona	,	nplo	vee		(		and related organizations
	line)	rust	al tru		yee	mpe				organizations
		ee	Institutional trustee			Highest compensated employee				
						ed				
(1) RAVINDAR BANSAL	1.00									
DIRECTOR	4.00	x						0	0	0
(2) SHELDON BERLOW	1.00									
DIRECTOR	3.00	х						0	0	0
(3) GARY BICHLER	1.00									
DIRECTOR	4.00	x						0	0	0
(4) THOMAS BLACK	1.00									
DIRECTOR	4.00	Х						0	0	0
(5) BEVERLY FOIT-ALBERT	1.00									
CHAIR/DIRECTOR	4.00	Х		Х				0	0	0
(6) JUDITH ITTIG	1.00									
DIRECTOR	4.00	Х						0	0	0
(7) JORDAN LEVY	1.00									
DIRECTOR	3.00	Х						0	0	0
(8) JEAN POWERS	1.00									
DIRECTOR	3.00	Х						0	0	0
(9) RONALD SCHREIBER	1.00									
DIRECTOR	3.00	Х						0	0	0
(10) EDWARD SCHNEIDER	2.00	-								
EXECUTIVE DIRECTOR	58.00			Х				0	179,441.	45,231.
(11)	+									
(12)										
(13)	+									
(14)										

Form 990														Page <b>8</b>
Part V		ustees, Ke	y En	nplo			and H	lig	hest Compensat	ed Employ	/ees (c	ontinue	d)	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unle: er an	Pos heck ss pe d a d	erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	am (	(F) timated ount of other pensatio	f
		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-		orga and	om the anizatio I related nizatior	d
			_											
			_											
	-total al from continuation sheets to Part VII, S al (add lines 1b and 1c)	ection A					••••				,441. 0 ,441.		45,2 45,2	0
2 Tota	I number of individuals (including but not ortable compensation from the organization	limited to t	hose					o re	ceived more than	\$100,000 (	of			
	the organization list any <b>former</b> offic loyee on line 1a? If "Yes," complete Sched											3	Yes	No X
4 For orga	any individual listed on line 1a, is the sanization and related organizations growidual	sum of rep eater than	oortab \$15	ole o 50,0	com 00?	pen P If	sation "Yes	n ai s,"	nd other compens complete Schedu	sation from	the	4	X	
5 Did for s	any person listed on line 1a receive or services rendered to the organization? If "Ye	accrue co	mpen	sati	on f	fron	n any	un	related organization			5		X
1 Con	<b>B. Independent Contractors</b> nplete this table for your five highest com pensation from the organization. Report c													
	(A) Name and business add	dress							<b>(B)</b> Description of se	ervices	С	(C) ompens	ation	
								+						
								-						
	al number of independent contractors (ir													

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	000	(201	2
Form	990	(201	2

Par	t VII	Statement of Revenue Check if Schedule O contains a respo	nse to any ques	tion in this Part VIII			
		Check in Ochecule O contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 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: \$       1					
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a b c d	INCUBATOR PROGRAM	Business Code	526,185.	526,185.		
Program	e f g	All other program service revenue	<b>&gt;</b>	526,185.			
<u> </u>	3 4 5	Investment income (including dividends, inter other similar amounts). Income from investment of tax-exempt bond p	est, and proceeds	0			
	6a b c	(i) Real         Gross rents         Less: rental expenses         Rental income or (loss)         Net rental income or (loss)	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(ii) Other				
Other Revenue		Net gain or (loss)		0			
the	b C	Less: direct expenses <b>b</b> Net income or (loss) from fundraising events		0			
0		Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses <b>b</b>					
	C	Net income or (loss) from gaming activities.	· · · · · · · · ▶	0			
	10a b	Gross sales of inventory, less returns and allowances					
		Net income or (loss) from sales of inventory	<u> </u>	0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						+
	c d	All other revenue					<u> </u>
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See instructions		526,185.	526,185.		

-	n 990 (2012) UNIVERSIT	Y AT BUFFALO FOU S		10	1301210 Page <b>1</b>
	ction $501(c)(3)$ and $501(c)(4)$ organizations mu		s. All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	14,854.	14,854.		
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			
4	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	0			
•	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10 11	Fees for services (non-employees):				
	Management	116,181.	116,181.		
		0			
	Accounting	0			
	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				
	(A) amount, list line 11g expenses on Schedule O.)	0			
12	Advertising and promotion	6,958.	6,958.		
13	Office expenses	24,125.	24,125.		
14	Information technology	0			
15	Royalties	136,718.	136,718.		
16 17		4,089.	4,089.		
18	Travel Payments of travel or entertainment expenses	4,005.	4,005.		
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	273.	273.		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	91,574.	91,574.		
23	Insurance	12,972.	12,972.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	REPAIRS & MAINTENANCE	99,826.	99,826.		
b	OTHER	6,107.	6,107.		
С					
d					
	All other expenses	E10 (88	E10 (88		
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	513,677.	513,677.		
	following SOP 98-2 (ASC 958-720)	0			

JSA 2E1052 1.000

Form 990 (2012)

following SOP 98-2 (ASC 958-720)

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Page 1	1
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Pa	rt X	Balance Sheet	0.02	quantian in this Dart	V		
		Check if Schedule O contains a response t	o any	question in this Part	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			29,797.	1	5,259
	2	Savings and temporary cash investments			0	2	
	3	Pledges and grants receivable, net			0	3	
	4	Accounts receivable, net			117.	4	15,116
	5	Loans and other receivables from current and f	orme	officers, directors,			
		trustees, key employees, and highest co					
		Complete Part II of Schedule L Loans and other receivables from other disqualified perso			0	5	
	6	Loans and other receivables from other disqualified perso 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu organizations (see instructions). Complete Part II of Sche	and ontary	ontributing employers employees' beneficiary	0	6	
ets	7	Notes and loans receivable, net			0	7	
Assets	8	Inventories for sale or use			0	8	
◄	9	Prepaid expenses and deferred charges			10,130.	9	10,392
	-	Land, buildings, and equipment: cost or			-,	•	
			10a	6,933,687.			
	b	other basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	6,048,251.	947,428.	10c	885,436
	11					11	<i>,</i>
	12	Investments - other securities. See Part IV, line 11			18,466.	12	18,466
	13	Investments - program-related. See Part IV, line 11				13	·
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	• • •	•••••		15	
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal			1,005,938.		934,669
_	17	Accounts payable and accrued expenses			50,254.	17	40,977
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
s	21	Escrow or custodial account liability. Complete Pa	art IV c	f Schedule D		21	
Liabilities	22	Loans and other payables to current and for			-		
IQ		trustees, key employees, highest compen-					
Lia		disqualified persons. Complete Part II of Schedule			0	22	
	23	Secured mortgages and notes payable to unrelate			0		
	24	Unsecured notes and loans payable to unrelated t	hird p	arties	0		
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	•				
		of Schedule D			1,350,500.	25	1,276,000
	26	Total liabilities. Add lines 17 through 25		[	1,400,754.	26	1,316,977
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	check				
and	27	Unrestricted net assets			-394,816.	27	-382,308
Bal	28	Temporarily restricted net assets		[	0	28	
nd	29	Permanently restricted net assets		<u></u>	0	29	
Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	chere ► and			
ts	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or equ		t fund		31	
	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
Net	33	Total net assets or fund balances			-394,816.	33	-382,308
-	34	Total liabilities and net assets/fund balances			1,005,938.	34	934,669

Form 990 (2012)

UNIVERSITY	AT	BUFFALO	FOUNDATION

Form 9	00 (2012)		Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	5	526,	185.
2	Total expenses (must equal Part IX, column (A), line 25)			677.
3	Revenue less expenses. Subtract line 2 from line 1			508.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	-3	394,	816.
5	Net unrealized gains (losses) on investments			0
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	- 3	382,	308.
Part				
	Check if Schedule O contains a response to any question in this Part XII	• • • • •		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1		
	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 compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain ir			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth ir	.		
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	,		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2012)

SCH	IEDUL	E A
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### (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.

Internal Revenue Service

Part I

1

2

3

4

5

6 7

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9

10

11

X

e X

f

g

h

(B)

(C)

(D)

(E)

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Name of the organization UNIVERSITY AT BUFFALO FOUNDATION Employer identification number INCUBATOR, INC. 16-1301210 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type I b Type II c X Type III-Functionally integrated **d** Type III-Non-functionally integrated а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) Χ (ii) A family member of a person described in (i) above? 11g(ii) Χ (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Х Provide the following information about the supported organization(s). (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the (vi) Is the (vii) Amount of monetary organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) ATTACHMENT 1

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

Schedule A (Form 990 or 990-EZ) 2012

513,677



Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	1	1	1	1	1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(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	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (li					14	%
15	Public support percentage from 2011					15	%
16a	331/3% support test - 2012. If the c	-					
	this box and stop here. The organizati						
b	331/3% support test - 2011. If the o						
	check this box and stop here. The org						
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part IV how the organization meets t			•	•		upported
	organization						▶∟
b	10%-facts-and-circumstances test - 2		-				
	15 is 10% or more, and if the orga						-
	Explain in Part IV how the organizati				•		
	supported organization						
18	Private foundation. If the organization						
	instructions						<u></u> ▶∟

Schedule A (Form 990 or 990-EZ) 2012

### Schedule A (Form 990 or 990-EZ) 2012

### 16-1301210

Part IIISupport 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.)

Jaioi	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e	)2012	(f) Tot	al
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								
7 a	Amounts included on lines 1, 2, and 3								
h	received from disqualified persons								
D	received from other than disgualified								
	persons that exceed the greater of \$5,000								
	or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
8	Public support (Subtract line 7c from								
	line 6.)								
	tion B. Total Support	(-) 0000	(1-) 0000	(-) 0040	(-1) 0044	1-	10040	(0 T-4	-1
	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e	)2012	(f) Tot	ai
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
h	sources Unrelated business taxable income (less								
5	section 511 taxes) from businesses								
	acquired after June 30, 1975								
<u>د</u>	Add lines 10a and 10b								
11 11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
14	First five years. If the Form 990 is for	0							
	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>								
	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup	port Percent	age	<u></u>	<u></u>				
	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b>	port Percent	age	<u></u>	<u></u>				%
<b>Sec</b> 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Scher	p <b>ort Percent</b> , column (f) divid edule A, Part III, lii	<b>age</b> ed by line 13, colui ne 15	mn (f))	· · · · · · · · · · · · · · · · · · ·	• • •			
<b>Sec</b> 15 16	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investmen	p <b>ort Percent</b> , column (f) divid edule A, Part III, lin <b>nt Income Pe</b> r	age ed by line 13, colu ne 15	nn (f))	· · · · · · · · · · · · · · · · · · ·	15			
Sec 15 16 Sec	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line	port Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column	age ed by line 13, colur ne 15 <b>Ccentage</b> (f) divided by line f	nn (f)) 13, column (f))	· · · · · · · · · · · · · · · · · · ·	15			%
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line Investment income percentage from 2011	port Percent , column (f) divid edule A, Part III, lii nt Income Per ne 10c, column Schedule A, Part	age ed by line 13, colu ne 15 <b>centage</b> (f) divided by line III, line 17	nn (f)) 13, column (f))	·····	15 16 17 18	· · · · · · ·	· · · · •	%
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line	port Percent , column (f) divid edule A, Part III, lii nt Income Per ne 10c, column Schedule A, Part	age ed by line 13, colu ne 15 <b>centage</b> (f) divided by line III, line 17	mn (f)) 13, column (f))	·····	15 16 17 18	· · · · · · ·	· · · · •	%
Sec 15 16 Sec 17 18	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line Investment income percentage from 2011	port Percent , column (f) divid adule A, Part III, lin <b>t Income Per</b> ne 10c, column ( Schedule A, Part ganization did n	age ed by line 13, colume 15 <b>ccentage</b> (f) divided by line III, line 17 ot check the box	mn (f)) 13, column (f)) < on line 14, and	d line 15 is mor	15 16 17 18 e than	331/3 %, a	and line	%
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investmer Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org	port Percent , column (f) divid edule A, Part III, lin nt Income Per ne 10c, column ( Schedule A, Part ganization did n is box and sto	age ed by line 13, colume 15 (f) divided by line III, line 17 ot check the box p here. The org	mn (f)) 13, column (f)) < on line 14, and anization qualifie	d line 15 is mor s as a publicly	15 16 17 18 e than suppo	331/3 %, a	and line	%
Sec 15 16 Sec 17 18 19 a	First five years. If the Form 990 is for organization, check this box and stop here. tion C. Computation of Public Sup Public support percentage for 2012 (line 8 Public support percentage from 2011 Sche tion D. Computation of Investment Investment income percentage for 2012 (line 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check the	port Percent , column (f) divid adule A, Part III, lin <b>t Income Per</b> ne 10c, column of Schedule A, Part ganization did not nis box and <b>sto</b> anization did not	age ed by line 13, colume 15 <b>centage</b> (f) divided by line III, line 17 ot check the box <b>p here.</b> The org check a box on	mn (f)) 13, column (f)) < on line 14, and anization qualifie line 14 or line 15	d line 15 is mor s as a publicly 9a, and line 16 is	15 16 17 18 e than suppo	331/3 %, a rted organi than 331/3	and line ization	% % %

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

				ATTACH	IMENT 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
UNIVERSITY AT BUFFALO	14-6013200	06	х	х	х	513,677.
UNIVERSITY AT BUFFALO FOUNDATION	16-0865182	07	х	х	х	0

TOTAL AMOUNT OF SUPPORT

513,677.

\_

Page 4

SCHEDULE D	
(Form 990)	

Department of the Treasury

## **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. ► See separate instructions 20**12** Open to Public

OMB No. 1545-0047

	al Revenue Service		Form 990. See separate instructions.	inspection
		UNIVERSITY AT BUFFALO	FOUNDATION	Employer identification number
	UBATOR, INC.	tions Maintaining Daman Advi		16-1301210
Part		tions Maintaining Donor Advision answered "Yes" to Form 9	ised Funds or Other Similar Funds or 90, Part IV, line 6.	Accounts. Complete if the
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at e	nd of year		
		outions to (during year)		
3	Aggregate grants	from (during year)		
4	Aggregate value a	at end of year		
5	Did the organizati	ion inform all donors and donor a	advisors in writing that the assets held in	donor advised
	-		e organization's exclusive legal control?	
	-	<b>u</b>	nd donor advisors in writing that grant fund	
			t of the donor or donor advisor, or for any	
	conferring imperm	nissible private benefit?		
Part			the organization answered "Yes" to Fe	orm 990, Part IV, line 7.
1		-	organization (check all that apply).	
		of land for public use (e.g., recre		of an historically important land area
		f natural habitat		of a certified historic structure
2		n of open space	eld a qualified conservation contribution in	the form of a conservation
		last day of the tax year.		
				Held at the End of the Tax Year
а	Total number of c	onservation easements		2a
			s	2b
	-	-	historic structure included in (a)	2c
			acquired after 8/17/06, and not on a	
	historic structure I	listed in the National Register		2d
3	Number of conser	rvation easements modified, tran	sferred, released, extinguished, or termination	ated by the organization during the
	tax year ►			
4	Number of states	where property subject to conse	rvation easement is located $\blacktriangleright$	
	-		ing the periodic monitoring, inspection, ha	-
			sements it holds?	
6		•	nspecting, and enforcing conservation eas	ements during the year
-	►		the second s	the dealers the second
7			ting, and enforcing conservation easement	nts during the year
8	►\$		e 2(d) above satisfy the requirements of se	$a_{1}$
-				
9	In Part XIII descri	ibe how the organization reports	conservation easements in its revenue and	
		5 1	of the footnote to the organization's financi	•
		counting for conservation easeme		
Part			of Art, Historical Treasures, or Other "Yes" to Form 990, Part IV, line 8.	r Similar Assets.
	•		, ,	
1a	If the organization	n elected, as permitted under SF torical treasures, or other simila	FAS 116 (ASC 958), not to report in its par assets held for public exhibition, edu	revenue statement and balance sheet
	public service, pro	ovide, in Part XIII, the text of the fo	potnote to its financial statements that des	cribes these items.
			SFAS 116 (ASC 958), to report in its re	
	public service, pro	ovide the following amounts relati	0	
	.,		••••••	
	-		rt, historical treasures, or other similar a	
			FAS 116 (ASC 958) relating to these items	
		n Act Notice, see the Instructions for		▶ ⊅ Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012							Page <b>2</b>
Pa	t III Organizations Maintaining Col	lections of Art,	Historical '	Treasures	, or Other Simi	lar Assets	cont (cont	inued)
3	Using the organization's acquisition, acces collection items (check all that apply):	ssion, and other re	ecords, checl	k any of th	e following that a	are a signific	cant us	e of its
			<u> </u>					
a	Public exhibition	d			e programs			
b	Scholarly research Preservation for future generations	е						
C A	Provide a description of the organization's	collections and c	volain haw t	boy furtho	r the organization	c oxompt p	urnaca	in Dort
4	XIII.			iney fullite	i the organization	s exempt p	uipose	III Fall
5	During the year, did the organization solicit	or receive donation	ne of art hist	orical troas	ures or other simil	or		
5	assets to be sold to raise funds rather than						Yes	No
Pa	t IV Escrow and Custodial Arrange line 9, or reported an amount on	ments. Comple	te if the org				990, P	art IV,
1a	Is the organization an agent, trustee, custoo		-					
h	included on Form 990, Part X? If "Yes," explain the arrangement in Part XII	l and complete the	following tob			••••	Yes	No
b		i and complete the	TO TO WING Law	ле.	Δ	mount		
с	Beginning balance			10		inoun		
J h	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on						Yes	X No
	If "Yes," explain the arrangement in Part XII							
	t V Endowment Funds. Complete it							
			Prior year	(c) Two ye			<b>e)</b> Four ye	ars back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains,							
	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cu	•	ance (line 1g,	column (a)	) held as:			
a h	Board designated or quasi-endowment							
u o	Permanent endowment							
U	Temporarily restricted endowment	~%						
39	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the poss		nization that	are hold a	ad administered for	the		
Ju	organization by:	session of the orga		ale lieiu a		ule	Ye	es No
	(i) unrelated organizations					E	3a(i)	5 110
	(ii) related organizations						Ba(ii)	
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of th	-				L		
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
	Description of property	(a) Cost or other bas		or other basis	(c) Accumulated	<b>(d)</b> B	ook value	
		(investment)	(0	ther)	depreciation			
1a	Land			L96,101.				5,101.
b	Buildings			722,387.	5,359,373.			3,014.
С	Leasehold improvements			534,088.	315,102.			8,986.
d	Equipment			381,111.	373,776.		7	7,335.
e	Other							
Tota	I. Add lines 1a through 1e. (Column (d) mus	at equal Form 990, I	Part X, columi	n (B), line 1	U(c).) ▶		885	5,436.

Schedule D (Form 990) 2012

Schedule D (F	orm 990) 2012			Page <b>3</b>
Part VII	Investments - Other Securities. See Fe		e 12.	
	<ul> <li>(a) Description of security or category (including name of security)</li> </ul>	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	I derivatives			
	held equity interests			
<u>(A)</u>				
<u>(B)</u>				
<u>(C)</u>				
(D)				
(E) (F)				
(G)				
(H)				
(I)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. See F	orm 990. Part X. lin	ne 13.	
	(a) Description of investment type	(b) Book value	(c) Method of valuat	ion:
			Cost or end-of-year mark	et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
<u> </u>	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, li	ne 15		
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
$\frac{(10)}{\text{Total}}$	mn (b) must equal Form 990, Part X, col. (B) I	ino 15)	<b>k</b>	
Part X	Other Liabilities. See Form 990, Part X		· · · · · · · · · · · · · · · · · · ·	
1.	(a) Description of liability	(b) Book valu	le	
(1) Federa	al income taxes			
(2) LOAN	FROM UB FOUNDATION	1,276,	000.	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11) Total (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 1,276,	000	
		⊥, ∠, 0,		

2. FIN 48 (ASC 740) Footnote. 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

	UNIVERSITY	AT	BUFFALO	FOUNDATION
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Schedu	le D (Form 990) 2012		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	n	
1	Total revenue, gains, and other support per audited financial statements	1	526,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	526,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )	5	526,185.
Part			
1	Total expenses and lesses per audited financial statements	1	513,677.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Development for a sector of the Wilson		
b	Drier voor odjuetmente	-	
c	Other lesses		
d			
e	Add lines 2n through 2d	2e	
3	Subtract line 2e from line 1	3	513,677.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	5	515,077.
a			
b			
	Other (Describe in Part XIII.)     4b       Add lines 4a and 4b     4b	40	
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )	4c 5	513,677.
-		5	515,077.
Part	XIII Supplemental Information lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lino	a 1h and 2h:
Part V	line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	v, ine. vide a	ny additional
inform	ation.		
SF	E PAGE 5		

Schedule D (Form 990) 2012

FIN 48 (ASC 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)(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, 2013.

Schedule D (Form 990) 2012

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States		OMB No. 1545-004	
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.		Open to Public Inspection	
Name of the organization	UNIVERSITY AT BUFFALO FOUNDATION	Employer ident	ification number	

INCUBATOR, INC.

### Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	
	the selection criteria used to award the grants or assistance?	No No
-		

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
(1) UB FOUNDATION ACTIVITIES, INC.							EDUCATION		
	16-1372561	501(C)(3)	14,854.				SUPPORT		
_(2)									
(3)									
(4)									
_(5)									
_(6)									
_(7)									
_(8)									
(9)									
(10)									
(11)									
(12)									
2 Enter total number of section 501(c)(3) and go	overnment o	rganizations list	ed in the line 1 tabl	e	l	· · · · · · · · · · · · •	1.		
3 Enter total number of other organizations liste									
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)									

16-1301210

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
4					
5					
3					
,					

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

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

PART I, LINE 2

UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC.'S ASSISTANCE TO

ORGANIZATIONS IN THE U.S. CONSISTS OF SUPPORT TO CHARITABLE

ORGANIZATION'S. WHILE THE ORGANIZATION DOES NOT MONITOR THE USE OF THESE

FUNDS, THE ORGANIZATION ONLY CONTRIBUTES TO OTHER CHARITABLE

ORGANIZATIONS WHOSE MISSION AND WORK ARE WELL KNOWN BY THE ORGANIZATION

AND ARE TRUE TO THEIR CHARITABLE PURPOSES.

Page 2

SCHEDULE J (Form 990)		Comper For certain Officers, Dire Co ► Complete if the org		OMB No. 1545-0047 2012 Open to Public Inspection			
	Revenue Service of the organization	UNIVERSITY AT BUFFALO E	990. See separate instructions.	Employer identification			1
	UBATOR, IN		CONDATION	16-130121			
Part		ns Regarding Compensation		10-1301210	)		
Fail	Questio	ns Regarding Compensation				Yes	No
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a perso o provide any relevant information regarding Housing allowance or residence for Payments for business use of person Health or social club dues or initiatio Personal services (e.g., maid, chauffe	these items. personal use nal residence n fees			
b 2	or reimburse explain Did the organ	ment or provision of all of the exprision require substantiation prior to	ne organization follow a written policy re openses described above? If "No," com reimbursing or allowing expenses incurre regarding the items checked in line 1a?	plete Part III to ed by all officers,	1b 2		
3	organization's related organ Comper Indepen	CEO/Executive Director. Check all th	nization used to establish the compensatio at apply. Do not check any boxes for method the CEO/Executive Director, but explain in Pa Written employment contract Compensation survey or study Approval by the board or compensation	ds used by a art III.			
4	organization of	or a related organization:	Part VII, Section A, line 1a, with respect to	-			
a	Receive a sev	verance payment or change-of-control p	ayment?		4a		X
b			ental nonqualified retirement plan?		4b		X
С			ased compensation arrangement? rovide the applicable amounts for each ite		4c		X
5	For persons l compensation	n contingent on the revenues of:	line 1a, did the organization pay or accrue a	-			
а	The organizat	ion?			5a		X
b	If "Yes" to line	e 5a or 5b, describe in Part III.			5b		X
6	compensation	n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	-			
a	i ne organizat				6a		X
b					6b		X
-		e 6a or 6b, describe in Part III.	n A line to did the encodencies	la anu ner fire i			
7			n A, line 1a, did the organization provid		_		v
8	Were any am	nounts reported in Form 990, Part VII	escribe in Part III , paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject	7		X
					8		X
9	Regulations s	ection 53.4958-6(c)?	low the rebuttable presumption procedu		9		
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for F	orm 990.	Schedu	le J (Fo	rm 990	) 2012

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

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### 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-MISC	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
EDWARD SCHNEIDER	(i)(	D D		0 0	0	C	
1 EXECUTIVE DIRECTOR	(ii) 179,441.	d		0 26,421.	18,810.	224,672.	
	(i)						
2	(ii)	[ ]		]			
	(i)						
3	(ii)	[					
	(i)						
4	(ii)	[		]			
	(i)						
5	(ii)						
	(i)						
6	(ii)	++					
	(i)						
7	(ii)	++					
	(i)						
8	(ii)	++					
	(i)						
9	(ii)	++					
	(i)						
10	(ii)	++					
	(i)						
11	(ii)	++					
	(i)						
12	(ii)	++		+			
	(i)						
13	(ii)	++		+			
	(i)						
14	(ii)	++		+			
17	(i)						
15	(ii)	++		+			
15	(i)						
	(i)(ii)	+					L

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### Part III 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 O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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



Department of the Treasury Internal Revenue Service Name of the organization

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

FORM 990, PART VI, LINE 12C

ALL DIRECTORS AND OFFICERS OF THE ORGANIZATION ARE REQUIRED TO COMPLETE A WRITTEN CONFLICT OF INTEREST DISCLOSURE STATEMENT ON AN ANNUAL BASIS. ALL DIRECTORS AND OFFICERS ARE ALSO REQUIRED TO PROVIDE ANY UPDATED INFORMATION ON POTENTIAL CONFLICTS THAT ARISE PRIOR TO THE COMPLETION OF THE DISCLOSURE STATEMENT. ALL DISCLOSURE STATEMENTS ARE REVIEWED BY THE ORGANIZATION'S MANAGEMENT AND LEGAL COUNSEL. ALL SITUATIONS THAT ARE DEEMED TO REPRESENT A CONFLICT AS DESCRIBED IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY ARE REPORTED TO THE BOARD CHAIR. THE CONFLICTED INDIVIDUAL MUST RECUSE HIMSELF OR HERSELF DURING THE DISCUSSION OF AND VOTING ON AN ACTION THAT INVOLVES THE IDENTIFIED

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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.

#### OMB No. 1545-0047 SCHEDULE R **Related Organizations and Unrelated Partnerships** (Form 990) 2 2 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Open to Public Department of the Treasury Attach to Form 990. See separate instructions. Inspection Internal Revenue Service Name of the organization UNIVERSITY AT BUFFALO FOUNDATION Employer identification number INCUBATOR, INC. 16-1301210 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Part I (a) (h) (c) (H) (م) (f)

(a) Name, address, and EIN (if applicable) of disregarded entity	(D) Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
_(1)	-				
_(2)	_				
	-				
_(4)	-				
	-				

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

(a) Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section & cont	<b>g)</b> 512(b)(13) trolled tity?	
							Yes	No
(1) UNIVERSITY AT BUFFALO FOUNDATION	N, 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)	11B	N/A		Х
(4) UBF FACULTY - STUDENT HOUSING CO	DRP. 16-1372560							
BOX 900	BUFFALO, NY 14226	EDUCATION SVC	NY	501(C)(3)	11B	N/A		X
(5) UNIVERSITY AT BUFFALO	14-6013200							
CROFTS HALL	BUFFALO, NY 14226	EDUCATION	NY	501(C)(3)	6	N/A		X
(6)		-						
(7)		-						

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

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	<b>(g)</b> 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 mana	j) eral or aging ner?	<b>(k)</b> Percentage ownership
				,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
<u>(3)</u>												
(4)												
(5)												
<u>(6)</u>												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percen- tage ownership	512( con	(i) ection (b)(13) trolled <u>htity?</u>
								Yes	No
(1) 248 NORTH LONG STREET, INC. 16-1264031 BOX 900 BUFFALO, NY 14266	RESIDENTIAL	NY	UBFI	C CORP	43,587.	545,052.	100.0000	x	
(2)	_								
(3)	_								
(4)									
(5)	_								
(6)	-								
(7)	_								

Schedule R (Form 990) 2012

UNIVERSITY AT	BOLLATO	FOUNDATION
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Schedule R (Form 990) 2012

	Transactions With Related Organizations (Complete if the organization answered "Y		,,,,				
Not	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 r			-			
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	_	X
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
i	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
I	Performance of services or membership or fundraising solicitations for related organization(s)			••••	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)			••••	1m		Х
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	X	
Ŭ				••••	10		
n	Paimbursament paid to related arganization(c) for avpanses				1p	х	
p	Reimbursement paid to related organization(s) for expenses			•••• +	1q		Х
q	Reimbursement paid by related organization(s) for expenses			••••	14		
-	Other transfer of each or property to related errorization(a)				4 -		х
r	Other transfer of cash or property to related organization(s)			••••	1r 1s		X
s	Other transfer of cash or property from related organization(s)				-		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t					i.	
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	Method of amoun			g
1)							
(2)							
( <b>a</b> )							
(3)							
(4)							

### 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(	e) partners tion c)(3) tations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	( <b>j)</b> eral or aging tner?	(k) Percentage ownership
			section 512-514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Schedule R (F	Form 990) 2012
Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see
	instructions).

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