Return of Organization Exempt From Income Tax

orm **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)

► 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.

Open to Public Inspection

OMB No. 1545-0047

| A F | or th | e 201 | 8 calendar year, or tax year begin | | 701 ,2018 | • | nding | | 06/ | /30 ,20 | 19 | |
|--------------------------------|------------|------------|---|---------------------------------------|------------------|-----------|----------------|---|----------|----------------|--------------|-------------|
| B c | heck if ap | oplicable: | C Name of organization UNIVERSITY INCUBATOR, INC. | AT BUFFALO FOU | NDATION | 1 | | D Employer ide | entifica | ation num | ber | |
| | Addre | | Doing Business As | | | | | 16-1301 | 210 | | | |
| | 7 7 | change | Number and street (or P.O. box if mail is | not delivered to street address | s) | Room/su | ite | E Telephone no | ımber | | | |
| | Initial | return | BOX 900 | | | | | (716) 64 | 5 – 3(| 011 | | |
| | Termi | inated | City or town, state or province, country, a | and ZIP or foreign postal code | ! | | | | | | | |
| | Amen | | BUFFALO, NY 14226-0900 |) | | | | G Gross receipt | s \$ | | 513 | ,903. |
| | Applic | cation | F Name and address of principal officer: | EDWARD P. SCH | NEIDER | | | H(a) Is this a grou | | n for | Yes | X No |
| | _ perior | iiig | BOX 900, BUFFALO, NY 3 | 14226-0900 | | | | subordinates H(b) Are all subord | | luded? | Yes | ☐ No |
| ī | Tax-ex | empt st | ' |) (insert no.) | 4947(a)(1) | or | 527 | If "No," attac | | | tions) | |
| J | Websi | ite: ► | WWW.UBFOUNDATION.BUFFALO | | | | 1 | H(c) Group exemp | otion nu | mber > | | |
| ĸ | Form (| of organ | nization: X Corporation Trust | Association Other | | L Ye | ear of format | tion: 1988 M | | | micile: | NY |
| $\overline{}$ | art I | | mmary | | | | | | | <u> </u> | | |
| | | | y describe the organization's mission or | r most significant activities | *SEE S | SCHEDU | JLE O* | | | | | |
| ø | | | | | | | | | | | | |
| Governance | | | | | | | | | | | | |
| ern | 2 | Check | k this box | iscontinued its operation | s or dispose | ed of mor | e than 25% | of its net assets | | | | |
| 36 | _ | | per of voting members of the governing | • | • | | | | 3 | | | 7. |
| | 4 | | per of independent voting members of t | | | | | | 4 | | | 7. |
| Activities & | _ | Total | number of individuals employed in cale | andar vear 2018 (Part V. li | na 22) | | | | 5 | | | 0. |
| Ξ | | | number of volunteers (estimate if necess | | | | | | 6 | | | 7. |
| Act | | | unrelated business revenue from Part V | ** | | | | | 7a | | | 0 |
| | | | nrelated business taxable income from I | | | | | | 7b | | | 0 |
| | | ivet ui | Trelated business taxable income from | 1 OIII 990-1, III e 54 | | | | Prior Year | 7.5 | Curr | ent Ye | |
| | 8 | Contri | ibutions and grants (Part VIII line 1h) | | | | _ | 11,40 | 7. | | | 0 |
| Jue | 9 | Drogr | ibutions and grants (Part VIII, line 1h) | | COP | Y FOR | | 486,42 | | | 513 | 3,903 |
| Revenue | _ | Invoca | am service revenue (Part VIII, line 2g) tment income (Part VIII, column (A), line | o 2 4 and 7d\ | PUBLIC IN | NSPECTI | ои | -4,25 | | | | ,612 |
| Re | | IIIVESI | revenue (Part VIII, column (A), lines 5, | 55 5, 4, and ru) | | | | 1,23 | 0. | | | 0 |
| | 11 12 | | | | | | | 493,57 | | | 512 | 2,291 |
| _ | | | revenue - add lines 8 through 11 (must | | | | | 173,37 | 0. | | | 0 |
| | 13 | | s and similar amounts paid (Part IX, colu | | | | | | 0. | | | 0 |
| | 14 | | its paid to or for members (Part IX, colu | | | | | | 0. | | | 0 |
| Expenses | | | es, other compensation, employee bene | | | | | | 0. | | | 0 |
| oeu | 10a | Profes | ssional fundraising fees (Part IX, column | (A), line 11e) | | | | | 0. | | | |
| Ε̈́ | | | fundraising expenses (Part IX, column (I | | | | | 509,10 | 7 | | 490 | 788 |
| | 17 | Other | expenses (Part IX, column (A), lines 11 | a-11d, 11f-24e) | | | | 509,10 | _ | | | 788 |
| | | | expenses. Add lines 13-17 (must equal | | 25) | | • • | -15,53 | | | | 503 |
| _ s | 19 | Rever | nue less expenses. Subtract line 18 from | 1 line 12 | | | Pogin | | -+ | End | | |
| ts o | | | (D) (V II) (O) | | | | Degii | ning of Current Y $1,024,30$ | | | of Yea |),352 |
| Net Assets or Fund Balances | 20 | | | | | | | 1,407,47 | | | • | |
| nd A | 21 | | liabilities (Part X, line 26) | | | | | -383,17 | _ | | | ,668 |
| | | | ssets or fund balances. Subtract line 21 | from line 20 | <u> </u> | | | -303,17 | ⊥• | • | -301 | .,000 |
| | rt II | | gnature Block of perjury, I declare that I have examined thi | in anti-um in all rations and annual | | مامم ممار | | | | | | |
| | | | complete. Declaration of preparer (other than | | | | | | IIIy KI | nowieuge | and be | ilei, it is |
| | | | | | | | | | | | | |
| Sig | n | | Signature of officer | | | | | Date | | | | |
| He | | ' | • | | EVECTE | דידיים ד | | | | | | |
| | | | EDWARD P. SCHNEIDER | | EAECU. | TIAR I | DIRECTO | OK . | | | | |
| | | | Type or print name and title (Type preparer's name | Preparer's signature | | Date | | | P- | TIN | | |
| Paic | i | | | i reparer a aignature | | | E /2020 | Check | " | | 7700 | |
| | parer | | D P TERESCO | | | 10/1 | 5/2020 | | | P00247 | | |
| | Only | | s name | | ATT 100 | 007 00 | 7.4 | | | 556520 | | |
| | | | s address > 515 BROADWAY, 4T | <u> </u> | | 207-29 | / 4 | Phone no. | 2T8- | -427-4 | | |
| <u> </u> | | | cuss this return with the preparer show | · · · · · · · · · · · · · · · · · · · | 5) | | | | | X Ye | | No |
| For | Paper | rwork | Reduction Act Notice, see the separat | e instructions. | | | | | | Forn | n 990 | (2018) |

Form **8868**

(Rev. January 2019)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

| Type or print Name of exempt organization or other filer, see instructions. Employer in the due date for filing your return. See instructions. Name of exempt organization or other filer, see instructions. University at Buffalo Foundation Incubator, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | s), partnerships, REMICs, and trusts identifying number, see instructions dentification number (EIN) or 16-1301210 rity number (SSN) |
|--|--|
| Type or print Name of exempt organization or other filer, see instructions. File by the due date for filing your return. See instructions. Enter filer's Employer is University at Buffalo Foundation Incubator, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | s identifying number, see instructions dentification number (EIN) or 16-1301210 |
| Type or print File by the due date for filling your return. See instructions. File by the due date for filling your return. See instructions. Buffalo, NY 14226-0900 Enter fille income tax returns. Enter fille income tax returns. Employer incomplete instructions. Employer incomplete instructions. Employer incomplete instructions. Employer incomplete instructions. Social security instructions. Buffalo, NY 14226-0900 | s identifying number, see instructions dentification number (EIN) or 16-1301210 |
| Type or print Name of exempt organization or other filer, see instructions. Employer in the due date for filing your return. See instructions. Name of exempt organization or other filer, see instructions. University at Buffalo Foundation Incubator, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | dentification number (EIN) or 16-1301210 |
| Type or print Name of exempt organization or other filer, see instructions. Employer in the due date for filing your returm. See instructions. Name of exempt organization or other filer, see instructions. Employer in the filer, see instructions. Social security filing your return. See instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | dentification number (EIN) or 16-1301210 |
| print File by the due date for filling your return. See instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 University at Buffalo Foundation Incubator, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. Social security in the provided i | |
| File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions. Social security, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | |
| due date for filing your return. See instructions. Box 900 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | |
| filing your return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. Buffalo, NY 14226-0900 | |
| instructions. Buffalo, NY 14226-0900 | |
| Danielo, N1 14225-0000 | |
| Enter the Deturn Code for the voture that this amplication is for this account and the state of | |
| Enter the Return Code for the return that this application is for (file a separate application for each r | eturn) 0 1 |
| Application Return Application | |
| Is For Code Is For | Return |
| Form 990 or Form 990-EZ 01 Form 990-T (corporation) | Code |
| Form 990-BL 02 Form 1041-A | 07 |
| | 08 |
| Form 4720 (individual) Form 990-PF 03 Form 4720 (other than individual) Form 990-PF 04 Form 5227 | |
| Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | 10 |
| | 11 |
| Form 990-T (trust other than above) 06 Form 8870 | 12 |
| Telephone No. ► 716-645-3013 Fax No. ► 716-645-34 If the organization does not have an office or place of business in the United States, check this book. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ► □ . If it is for part of the group, check this box a list with the names and EINs of all members the extension is for. | ox ▶□ |
| 1 I request an automatic 6-month extension of time until May 15, 20, to file the organization named above. The extension is for the organization's return for: | the exempt organization return for |
| ► ☐ calendar year 20 or ► ☑ tax year beginning July 1, 2018 _, and ending | June 30 , 20 19 . |
| Calendar year 20 or ✓ tax year beginning July 1, 2018 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Change in accounting period | |
| ▶ | Final return |
| ▶ | Final return tax, less 3a \$ |
| ▶ | Tinal return tax, less 3a \$ dits and 3b \$ sired, by 3c \$ |

UNIVERSITY AT BUFFALO FOUNDATION 16-1301210 Form 990 (2018) 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 services?..... 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 \$ 490,788. including grants of \$) (Revenue \$ 513,903.) 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 \$) (Expenses \$) (Revenue \$ **4c** (Code: including grants of \$

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ► 490,788.

JSA
8E1020 1.000

Form **990** (2018)

Form 990 (2018)

Part IV Page 3

| Part | IV Checklist of Required Schedules | | | |
|------|--|------------|------|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 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) | | | |
| | 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, Part III . | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 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 | | X |
| 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," | | 3.5 | |
| | 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 | | | 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 | | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | 11c | | |
| a | 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. | 11d 11e | X | - 21 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | TIE | - 21 | |
| ' | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| 124 | Schedule D, Parts XI and XII. | 12a | | Х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? If | u | | <u> </u> |
| ~ | "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 |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 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 |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | Х |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Α. |

Form 990 (2018) Page **4**

| Part | V Checklist of Required Schedules (continued) | | | |
|------|--|----------|-----|------|
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | Х | |
| 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 | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| 204 | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| h | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 254 | | |
| D | 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 | 256 | | Х |
| 26 | | 25b | | - 21 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | 0.0 | | Х |
| 07 | disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 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 | | | v |
| | 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): | | | |
| | 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 | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | 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, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II. | 32 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. | 33 | | 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 | Х | |
| | 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 | | | |
| 0, | 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 | <u> </u> | | |
| 55 | 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | Х | |
| Part | | 30 | | |
| rait | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Oneck is observate of contains a response of flote to any line in this part v | | Yes | No |
| 4 - | Enter the number reported in Rev 2 of Form 1006. Enter 0 if not applicable | | 169 | 140 |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | |
| | Enter the number of forms W 20 moladed in line fal. Enter of infortappileable | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | | 7.7 | |
| | reportable gaming (gambling) winnings to prize winners? | 1c | X | |

Form 990 (2018) Page 5

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|---|-----|-----|----|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 0. | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5с | | |
| | 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). | | | |
| | 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 |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| · | required to file Form 8282? | 7c | | Х |
| Ч | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 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 | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | 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 | | | |
| | 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 | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| - | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| ~ | the organization is licensed to issue qualified health plans | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> · · · · · | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| . • | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| | If "Yes," complete Form 4720, Schedule O. | | | |
| | | | | |

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

| 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 | 7 | | | | | |
| | 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 | 7 | | | | | |
| 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 | | X | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | |
| Ū | 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 | | 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 of stockholders, or other persons who had the power to elect or appoint | | | | | | |
| ı a | one or more members of the governing body? | 7a | | Х | | | |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | | |
| b | stockholders, or persons other than the governing body? | 7b | | Х | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | | | | |
| 0 | | | | | | | |
| _ | the year by the following: | 8a | Х | | | | |
| a | The governing body? | 8b | X | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | | | | |
| 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? <i>If</i> "Yes," provide the names and addresses in Schedule O | 9 | | X | | | |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Revenue | _ | ,) | | | | |
| OCOLI | on b. 1 dides (This decisor b requests information about policies not required by the internal Neverlae | Oodo | Yes | No | | | |
| 40- | Did the annulisation have lead shorters branches as affiliates? | 10a | | X | | | |
| | Did the organization have local chapters, branches, or affiliates? | 100 | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 10b | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 11a | Х | | | | |
| _ | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 1 1 a | | | | | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 12a | Х | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 124 | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | 12b | Х | | | | |
| | rise to conflicts? | 120 | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12c | Х | | | | |
| | describe in Schedule O how this was done | 13 | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | 14 | X | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | 25 | | | | |
| 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? | 150 | | X | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a 15b | | X | | | |
| b | Other officers or key employees of the organization | 130 | | 25 | | | |
| | 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 | 46- | | X | | | |
| | with a taxable entity during the year? | 16a | | 25 | | | |
| 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 | 16h | | | | | |
| Saati | organization's exempt status with respect to such arrangements? | 16b | | | | | |
| | on 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 (1024 or 1024-A if applicable), 990, and 990-T | (Sec | tion 5 | 01(c) | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | 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 int | erest | policy | y, and | | | |
| | financial statements available to the public during the tax year. | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and record | ls ▶ | | | | | |

Form **990** (2018)

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

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 no | r any related | orga | niza | | | mpen | sate | ed any current offic | er, director, or trus | tee. | |
|---|---|----------------|---|--------------------|--------------|------------------------------|----------------------|---------------------------------|-----------------------|---|--|
| | | | | | C) | | | | | | |
| (A) | (B) | (-1 | | | | sition | | (D) | (E) | (F) | |
| Name and Title | Average | , | | heck more than one | | | | Reportable | Reportable | Estimated | |
| | hours per week (list any | | box, unless person is both an officer and a director/trustee) | | | | compensation from | compensation from related | amount of other | | |
| | hours for | | _ | | _ | | r · | the | organizations | compensation | |
| | related organizations below dotted line) | 1 1 | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations | |
| (1)SHELDON BERLOW | 1.00 | | | | | | | | | | |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0 . | |
| (2)BEVERLY FOIT-ALBERT | 1.00 | | | | | | | | | | |
| DIRECTOR | 3.00 | Х | | | | | | 0. | 0. | 0. | |
| (3)CLAUDIA D. FOSKET | 1.00 | | | | | | | | | | |
| DIRECTOR | 4.00 | Х | | | | | | 0. | 0. | 0. | |
| (4)DANIEL HAMISTER | 1.00 | | | | | | | | | | |
| DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0 . | |
| (5)JEAN POWERS | 1.00 | | | | | | | | | | |
| CHAIR/DIRECTOR | 4.00 | X | | Х | | | | 0. | 0. | 0. | |
| (6)RONALD SCHREIBER | 1.00 | | | | | | | | | | |
| DIRECTOR | 3.00 | X | | | | | | 0. | 0. | 0 | |
| (7)STEVEN H. SHEPSMAN | 1.00 | | | | | | | | | | |
| DIRECTOR | 4.00 | X | | | | | | 0. | 0. | 0 | |
| (8)EDWARD SCHNEIDER | 2.00 | | | | | | | | | | |
| EXECUTIVE DIRECTOR | 54.00 | | | Х | | | | 0. | 239,251. | 53,176. | |
| (9) | | | | | | | | | | | |
| (10) | | | | | | | | | | | |
| <u>(11)</u> | | | | | | | | | | | |
| (12) | | | | | | | | | | | |
| (13) | | - | | | | | | | | | |
| (14) | | | | | | | | | | | |

Form **990** (2018)

JSA

| $\overline{}$ | n 990 (2018) | | | | | | | | | | Page 8 |
|---------------|--|---|------|-------|------|--------------------------------|------------------|--------------|--|--|--|
| Pa | Irt VII Section A. Officers, Directors, Tru | ıstees, Ke | y Em | plo | yee | es, a | and F | ligl | hest Compensat | ed Employees (co | ontinued) |
| | (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | box, | unles | s pe | ition more rson irect | this or employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | | | | | | <u> </u> | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | - | | | | | | | | |
| 1b | Sub-total | | | | | | | ightharpoons | 0. | 239,251. | 53,176. |
| С | Total from continuation sheets to Part VII, So | ection A | | | | | | | 0. | 0. | 0. F2 176 |
| | Total (add lines 1b and 1c) | | | | | | |) ro | 0. | 239,251. | 53,176. |
| _ | reportable compensation from the organization | | 0. | | u ai | JO V C | , wiic | <i>3</i> 10 | ceived more man | φ100,000 01 | |
| | | | | | | | | | | | Yes No |
| 3 | Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu | | | | | | | | | | 3 X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | | | | | | | | | |
| 5 | Did any person listed on line 1a receive or for services rendered to the organization? If "Ye | accrue co | mpen | satio | on f | rom | any | un | related organization | on or individual | 5 X |
| Se | ction B. Independent Contractors | , | | | | | | | | | |
| 1 | Complete this table for your five highest com compensation from the organization. Report c year. | | | | | | | | | | |

| | (A) Name and business address | (B) Description of services | (C) Compensation |
|------|----------------------------------|-----------------------------|----------------------------|
| NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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.

Page 9

Part VIII Statement of Revenue

| | | Check if Schedule O contains a respor | nse or note to an | y line in this Part V | 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) | | 0. | | | |
| -e | | Total Add mics to the second s | Business Code | | | | |
| Program Service Revenue | 2a b c | INCUBATOR PROGRAM | 611710 | 513,903. | 513,903. | | |
| ä | e | | | | | | |
| g | f | All other program service revenue | | | | | |
| <u> </u> | g | Total. Add lines 2a-2f | | 513,903. | | | |
| | 3 | Investment income (including divident and other similar amounts) | nds, interest, | 0. | | | |
| | 5 | Royalties | | 0. | | | |
| | 6a b | Gross rents | (ii) Personal | | | | |
| | 7a | Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities | (ii) Other | 0. | | | |
| | c d | Less: cost or other basis and sales expenses Gain or (loss) | 1,612. -1,612. | -1,612. | | | -1,612. |
| _ | 8a | Gross income from fundraising | | | | | |
| Other Revenue | b | events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b | 0. | 0, | | | |
| | C | Net income or (loss) from fundraising events | | 0. | | | |
| | 9a | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | c b | Less: direct expenses | | 0. | | | |
| | 10a b | Gross sales of inventory, less returns and allowances | _ | | | | |
| | C | Net income or (loss) from sales of inventory Miscellaneous Revenue | Business Code | 0. | | | |
| | 11a | | | | | | |
| | b | | | | | | |
| | C | | | | | | |
| | d | All other revenue | | | | | |
| | e | Total. Add lines 11a-11d | | 0. | | | |
| | 12 | Total revenue. See instructions | | 512,291. | 513,903. | | -1,612 |

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).

| 86, 95, And 10b of Part Will. Grants and diver assistance to domestic organizations and domestic governments. See Part IV, line 21 | | Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | |
|--|----|--|-----------------------|---|----------------|--------------------------------|--|--|--|--|--|
| and domestic powerments. See Part IV, line 21 | | | (A) Total expenses | | Management and | (D) Fundraising expenses | | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 2 See Part IV, line 3 See Part IV, line 4 See Part IV, line 1 See See Part IV, line 1 See See Part IV, line 1 See Part IV, line 1 See See Part IV, line 1 See See Part IV, line 1 See Part IV, line 1 See See Part IV, line 1 See See See See See See See See See | 1 | Grants and other assistance to domestic organizations | | | | | | | | | |
| individuals. See Part IV, line 22 | | and domestic governments. See Part IV, line 21 | 0. | | | | | | | | |
| Signate and other assistance to foreign organizations, foreign governments, and foreign individuals. See Peart IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current offices, directors, trustees, and key employees 6 Compensation of Lourent offices, directors, trustees, and key employees 6 Compensation of Lourent offices, directors, trustees, and key employees 7 Other satisface and wages 9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll laxes 10 Payroll laxes 10 Payroll laxes 10 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 Payroll laxes 10 Payroll laxes 10 Payroll laxes 10 Payroll laxes 10 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 Payroll laxes 10 Protessional fundrating services. See Part IV, line 17 11 Invostment management foes 12 Porticessional fundrating services. See Part IV, line 17 12 Invostment management foes 13 Office expenses 14 Information technology 15 Officer, trust large access of Sections (include section 401(k) and 403(k) and | 2 | Grants and other assistance to domestic | | | | | | | | | |
| organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . 0 . 0 | | individuals. See Part IV, line 22 | 0. | | | | | | | | |
| individuals. See Part IV, lines 15 and 16 0. 8 Benefits paid to or for members 0. 5 Compensation of current officers, directors, trustees, and key employees 0. 6 Compensation not included above, to disequalified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(1) and 403(t) employer contributions 0. 9 Chier employee benefits 0. 10 Payroll taxes 0. 11 Fees for services (non-employees): a Management 0. 12 Lebbyling 0. 9 Professional fundrating services. See Part IV, line 17. 1 Investment management fees 0. 9 Other, dire 101 annexe described 50 of the 25, column (Namount, list line 119 services of stebule O). 12 Advertising and promotion 0. 13 Office expenses 1. 19 Royaltes 0. 19 (17 Travel 1. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1. 19 Payments to travel or entertainment expenses for any federal, state, or local public officials 1. 19 Payments to travel or entertainment expenses for any federal, state, or local public officials 1. 19 Payments to travel or entertainment expenses for any federal, state, or local public officials 1. 10 Payments to travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 10 Payments of travel or entertainment | 3 | Grants and other assistance to foreign | | | | | | | | | |
| ### Benefits paid to or for members 0 0 | | | _ | | | | | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees . 0. Compensation not included above, to disqualifed persons (as defined under section 4958(0)(1)) and persons (as defined under section 4958(0)(3)(8) . 0. 7 Other safaries and wages . 0. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . 0. 9 Other employee benefits . 0. 1Payroll taxes . 0. 1Payroll taxes . 0. 1 Feas for services (non-employees): a Management . 69,309 . 69,309 | | | | | | | | | | | |
| trustees, and key employees | 4 | Benefits paid to or for members | 0. | | | | | | | | |
| 6 Compensation not included above, to disqualified persons discrebed in section 4958(0)(1)) and persons discrebed in section 4958(0)(3)(8). 7 Other salaries and wages. 8 Pension plan accrusals and contributions (include section 401k) and 401k) (ix) and 401k) and 4 | 5 | • | 0 | | | | | | | | |
| persons (six defined under section 4958(n)(1)) and persons described in section 4958(n)(3)(B) . 0 | | trustees, and key employees | 0. | | | | | | | | |
| persons described in section 4988(c)(3)(B) 0. 7 Other salaries and wages 0. 0. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0. 9 Other employee benefits 0. 0. 9 10 Payroll taxes . 0. 1 15 Fees for services (non-employees): a Management 6. 69, 309 . 6 | 6 | | | | | | | | | | |
| 7 Other salaries and wages 0.8 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0.0. 10 Payroll taxes 0.1 11 Fees for services (non-employees): a Management 69,309 69,309 69,309 . b Legal 0.0. c Accounting 0.0. d Lobbying 0.0. e Professional fundraising services. See Part IV, line 17, 0.0. f Investment management fees 0.0. 9 Other: (if line 11g amount exceeds 10% of line 25, culumn (v)), amount, list line 11g sepenses on Striedule O), 0.1 2 Advertising and promotion 0.0. 13 Office expenses 1.0, amount exceeds 10% of line 25, culumn (v), amount exceeds 10% of line 25, culumn (v), amount further 11g amount exceeds 10% of line 25, culumn (v), amount further 11g amount exceeds 10% of line 25, culumn (v), amount further 11g amount exceeds 10% of line 25, culumn (v), amount further 11g amount exceeds 10% of line 25, culumn (v), amount further 11g amount exceeds 10% of line 25, culumn (v), amount line 11g amount exceeds 10% of line 25, culumn (v), amount line 11g amount exceeds 10% of line 25, culumn (v), amount line 11g amount exceeds 10% of line 25, culumn (v), amount exceeds 10% of line 25, culumn (v), amount line 11g amount exceeds 10% of line 25, culumn (v), amount line 12g amount exceeds 10% of line 25, culumn (v), amount, lint line 24g expenses on lot covered above (list miscellaneous expenses in line 24e. If line 24g amount exceeds 10% of line 25, culumn (v), amount, list line 24g expenses on line 24e. If line 24g amount exceeds 10% of line 25, culumn (v), amount, list line 24g expenses on Sheedule O), aREPAIRS AND MAINTENANCE 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 28, 543. 29, 559. 250, 569. 2 | | | 0 | | | | | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 . 9 Other employee benefits 0 . 10 Payroll taxes 0 . 11 Fees for services (non-employees): a Management 0 . b Legal . 0 . c Accounting 0 . d Lobbying 0 . e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other. (if ine 11g amount exceeds 10% of line 25, column (A) amount, list line 11g penses on Schedule O). 12 Advertising and promotion 13 Office expenses 14 Information technology . 15 Royalties, . 16 Occupancy . 17 Travel . 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 19 Conferences, conventions, and meetings . 20 Interest . 21 Payments to affiliates . 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses . Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on the 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 the 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 the 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 Sterdule O) aREPAIRS AND MAINTENANCE . b CLEANING SERVICES . 21 Conferences . 22 Depreciation, depletion, and amortization . 23 FeES FOR SERVICES . 24 Column expenses . 25 Total functional expenses . 26 Ad other expenses . 27 FeES FOR SERVICES . 28 Set 3. 29 Set 3. | _ | | | | | | | | | | |
| section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0. 11 Fees for services (non-employees): a Management b Legal 0. c Accounting 0. d Lobbying 0. e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, lite line 14g expenses of should led O). 2 Advertising and promotion 0 Office expenses 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 19, 970. 1 17avel 1 1, 748. 1 1, 748. 1 1, 748. 1 1, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, 748. 1 2, 748. 1 1, | | | 0. | | | | | | | | |
| 9 Other employee benefits | 8 | ` | 0 | | | | | | | | |
| 11 Fees for services (non-employees): a Management b Legal C Accounting d Lobbying d Lobbying O . f Investment management fees 9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O). 22 Other ceapenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses on Schedule O). 24 Payments to affiliates C Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e. expenses on Schedule O). 25 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e. expenses on Schedule O). 26 EPES FOR SERVICES OTHER d/MATERIALS 27 EFES FOR SERVICES - OTHER d/MATERIALS 28 All on the column (B) joint costs. Complete this line only if the organization reported in column (B) joint costs. | _ | | | | | | | | | | |
| 10 | | • • | - 1 | | | | | | | | |
| a Management b Legal C Accounting d Lobbying O . e Professional fundraising services. See Part IV, line 17, f Investment management fees 9 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 13 Office expenses 19,970 19,970 11,970 10,00 11 Information technology. 10 0. 10 0. 11 Rayments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 conferences, conventions, and meetings 10 conferences, conventions, and amortization 10 corrected 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.) aREPAIRS AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES cFEES FOR SERVICES cMATERIALS 2, 569 2, 569 2, 569 2 Interoration to column (B) joint costs 20 Interosts 20 Interoration to column (B) profit (B) | | • | · · | | | | | | | | |
| b Legal | | | 69,309. | 69,309. | | | | | | | |
| C Accounting d Lobbying D | | | | , | | | | | | | |
| d Lobbying e Professional fundraising services. See Part IV, line 17, for Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). 12 Advertising and promotion | | | 0. | | | | | | | | |
| e Professional fundraising services. See Part IV, line 17, f Investment management fees | | - | 0. | | | | | | | | |
| For Investment management fees Government Governm | | | 0. | | | | | | | | |
| 9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 3 Office expenses 19,970 104,085 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 1,748 | | | 0. | | | | | | | | |
| (A) amount, list line 11g expenses on Schedule O.). 12 Advertising and promotion 3 Office expenses 19,970 19,970 19,970 19,970 19 10 11 Information technology 10 10 11 Travel 10 Avo85 10 A | | | | | | | | | | | |
| 12 Advertising and promotion 0 19,970 19,970 13 Office expenses 19,970 19,970 14 Information technology 19 19 15 Royalties 0 16 Occupancy 104,085 104,085 17 Travel 1,748 1,748 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 19 Conferences, conventions, and meetings 7,819 7,819 20 Interest 329 329 21 Payments to affiliates 0 22 Depreciation, depletion, and amortization 104,259 104,259 23 Insurance 22,644 22,644 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.) a REPAIRS AND MAINTENANCE 124,263 124,263 b CLEANING SERVICES 28,543 28,543 c FEES FOR SERVICES - OTHER 4,652 4,652 d MATERIALS 2,569 2,569 e All other expenses 579 579 25 Total functional expenses Add lines 1 through 24e 2490,788 490,788 26 Joint costs Complete this line only if the organization reported in column (B) joint costs | Ŭ | | 0. | | | | | | | | |
| 13 Office expenses 19,970. 19,970. 14 Information technology. 19. 19. 15 Royalties. 0. 104,085. 16 Occupancy 104,085. 104,085. 17 Travel. 1,748. 1,748. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 7,819. 19 Conferences, conventions, and meetings 7,819. 7,819. 20 Interest 329. 329. 21 Payments to affiliates. 0. 104,259. 22 Depreciation, depletion, and amortization 104,259. 104,259. 23 Insurance 22,644. 22,644. 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.) 124,263. 124,263. aREPAIRS AND MAINTENANCE 28,543. 28,543. 28,543. bCLEANING SERVICES 28,543. 28,543. 28,543. cFEES FOR SERVICES - OTHER 4,652. 4,652. dMATERIALS 2,569. 2,569. e All other expenses 579. 579. 25 Total functional expen | 12 | | 0. | | | | | | | | |
| 15 Royalties | | | 19,970. | 19,970. | | | | | | | |
| 104,085 | 14 | Information technology | | 19. | | | | | | | |
| 17 Travel 1,748. 1,748. 1,748. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 2, 1,819. 7,819. 329. 329. 20 Interest 3, 29 1, 329. 329. 329. 21 Payments to affiliates 1, 1,748. 1,748. 22 Depreciation, depletion, and amortization 1,04,259. 1,04,259. 1,04,259. 2,644. 22,644. 22,644. 22,644. 32 | 15 | Royalties | | | | | | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a REPAIRS AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses e All other expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs | 16 | Occupancy | | | | | | | | | |
| for any federal, state, or local public officials 19 Conferences, conventions, and meetings | 17 | Travel | 1,748. | 1,748. | | | | | | | |
| 19 Conferences, conventions, and meetings | 18 | • | | | | | | | | | |
| 10 10 10 10 10 10 10 10 | | | | D 010 | | | | | | | |
| Payments to affiliates. Depreciation, depletion, and amortization | | | | | | | | | | | |
| Depreciation, depletion, and amortization Insurance 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 AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | 329. | | | | | | | |
| 23 Insurance 22,644. 22,644. 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.) aREPAIRS AND MAINTENANCE 124,263. 124,263. bCLEANING SERVICES 28,543. 28,543. cFEES FOR SERVICES - OTHER 4,652. 4,652. dMATERIALS 2,569. 2,569. e All other expenses 579. 579. 25 Total functional expenses. Add lines 1 through 24e 490,788. 490,788. | | | | 104 250 | | | | | | | |
| 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.) aREPAIRS AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | | | | | | | | |
| 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.) aREPAIRS AND MAINTENANCE 124, 263. bCLEANING SERVICES 28, 543. cFEES FOR SERVICES - OTHER 4, 652. dMATERIALS 2, 569. e All other expenses 579. 579. 25 Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs | | | 22,011. | 22,011. | | | | | | | |
| line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aREPAIRS AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs | 24 | · | | | | | | | | | |
| (A) amount, list line 24e expenses on Schedule O.) aREPAIRS AND MAINTENANCE bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses Total functional expenses. Add lines 1 through 24e organization reported in column (B) joint costs | | | | | | | | | | | |
| bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | | | | | | | | |
| bCLEANING SERVICES cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs | а | REPAIRS AND MAINTENANCE | 124,263. | 124,263. | | | | | | | |
| cFEES FOR SERVICES - OTHER dMATERIALS e All other expenses Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | 28,543. | | | | | | | | |
| e All other expenses 579. 579. 25 Total functional expenses. Add lines 1 through 24e 490,788. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | 4,652. | 4,652. | | | | | | | |
| 25 Total functional expenses. Add lines 1 through 24e 490,788. 490,788. 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | d | MATERIALS | 2,569. | 2,569. | | | | | | | |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | е | All other expenses | | | | | | | | | |
| organization reported in column (B) joint costs | 25 | Total functional expenses. Add lines 1 through 24e | 490,788. | 490,788. | | | | | | | |
| | 26 | organization reported in column (B) joint costs from a combined educational campaign and | | | | | | | | | |
| fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | , | 0. | | | | | | | | |

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Part X Balance Sheet

| | | Check if Schedule O contains a response of | r note | e to any line in this Pa | art X | | |
|---------------|-----|--|----------|--------------------------|----------------------------|------------|-------------------------|
| | | · | | | (A) | | (B) |
| | | | | | Beginning of year 123,418. | | End of year 107,888. |
| | 1 | Cash - non-interest-bearing | | | 123,418. | 1 | 0. |
| | 2 | Savings and temporary cash investments | | | 0. | 2 | 0. |
| | 3 | Pledges and grants receivable, net | | | 0. | 3 | 2,692. |
| | 4 | Accounts receivable, net | | | 0. | 4 | 2,092. |
| | 5 | Loans and other receivables from current and the | | | | | |
| | | trustees, key employees, and highest co | | | 0. | _ | 0. |
| | 6 | Complete Part II of Schedule L Loans and other receivables from other disqualified pers | ons (as | defined under section | 0. | 5 | 0. |
| | • | 4958(f)(1)), persons described in section 4958(c)(3)(B) | , and o | contributing employers | | | |
| | | and sponsoring organizations of section 501(c)(9) volu | | | 0. | | 0. |
| ţ | _ | organizations (see instructions). Complete Part II of Sche | | | 0. | 6 7 | 0. |
| Assets | 7 | Notes and loans receivable, net | | | 0. | | 0. |
| ä | 8 | Inventories for sale or use | | | 26,749. | 8 9 | 15,263. |
| | 9 | Prepaid expenses and deferred charges | | | 20,117. | 9 | 13,203. |
| | IUa | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 100 | 7,511,096. | | | |
| | h | Less: accumulated depreciation | | | 872,573. | 100 | 922,942. |
| | 11 | | | | 0. | 11 | 0. |
| | 12 | Investments - publicly traded securities Investments - other securities. See Part IV, line 11 | | | 1,567. | 12 | 1,567. |
| | 13 | Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. | | |
| | 14 | | 0. | 14 | 0. | | |
| | 15 | Intangible assets Other assets. See Part IV, line 11 | | 0. | 15 | 0. | |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | 1,024,307. | 16 | 1,050,352. | |
| _ | 17 | Accounts payable and accrued expenses. | | | 9,718. | 17 | 8,212. |
| | 18 | Grants payable | 0. | 18 | 0. | | |
| | 19 | Deferred revenue | 0. | | 0. | | |
| | 20 | Tax-exempt bond liabilities | 0. | | 0. | | |
| | 21 | Escrow or custodial account liability. Complete Pa | art IV o | of Schedule D | 0. | 21 | 0. |
| S | 22 | Loans and other payables to current and for | | | | | |
| Liabilities | | trustees, key employees, highest compen | sated | employees, and | | | |
| abi | | disqualified persons. Complete Part II of Schedule | L | | 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 | 17-2 | 4). Complete Part X | | | |
| | | of Schedule D | | | 1,397,760. | 25 | 1,403,808. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 1,407,478. | 26 | 1,412,020. |
| es | | Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and | | k here ► X and | | | |
| Fund Balances | 27 | Unrestricted net assets | | | -383,171. | 27 | -361,668. |
| 3ali | 28 | Temporarily restricted net assets | | | 0. | 28 | 0. |
| ٦ | 29 | Permanently restricted net assets | | | 0. | 29 | 0. |
| or Fur | | Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34. | , chec | k here ▶ and | | | |
| | 30 | | | | | 30 | |
| Assets | 31 | Paid-in or capital surplus, or land, building, or equ | | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated inco | | | | 32 | |
| Net | 33 | Total net assets or fund balances | _ | | -383,171. | 33 | -361,668. |
| _ | 34 | Total liabilities and net assets/fund balances | | | 1,024,307. | 34 | 1,050,352. |
| | | | | | | | Form 990 (2018) |

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| Part | XI Reconciliation of Net Assets | | | | | | |
|------|--|---------|------|----|--------------|-----|--|
| | 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 | | | 12,2 90,7 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 21,5 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | -3 | 83,1 | 71. | |
| 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 | | -3 | 61,6 | 68. | |
| 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: Cash X 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?. | | L | 2a | | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | 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? | | L | 2b | X | | |
| | 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 | oversi | ght | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent acc | ountai | nt? | 2c | X | | |
| | 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 | t 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 | ergo t | the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | | | 3b | | | |

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

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization INCUBATOR, INC.

Department of the Treasury

UNIVERSITY AT BUFFALO FOUNDATION

Employer identification number 16-1301210

| | rt I | Reason for Public Cha | <u>`</u> | | | | | | |
|----------|-------|--|--|---|--|------------------------------------|---|-----------------------------------|--|
| The | org | anization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | |
| 4 | | A medical research organiz | zation operated in | conjunction with a hos | spital de | scribed ir | n section 170(b)(1)(A) | (iii). Enter the | |
| | | hospital's name, city, and st | tate: | | | | | | |
| 5 | | An organization operated | for the benefit of | a college or universit | y owned | d or ope | rated by a governme | ntal unit described in | |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local go | vernment or gover | rnmental unit describe | d in sect | ion 170(| b)(1)(A)(v). | | |
| 7 | | An organization that norma | ally receives a sub | stantial part of its su | pport fro | om a go | vernmental unit or fro | om the general public | |
| | | described in section 170(b) | (1)(A)(vi). (Comple | ete Part II.) | | | | | |
| 8 | | A community trust describe | ed in section 170(b | o)(1)(A)(vi). (Complete | Part II.) | | | | |
| 9 | | An agricultural research org | ganization describe | ed in section 170(b)(1 |)(A)(ix) | operated | I in conjunction with a | land-grant college | |
| | | or university or a non-land- | grant college of ag | riculture (see instruct | ions). Ei | nter the i | name, city, and state of | f the college or | |
| | | university: | | | | | | | |
| 10 11 | | An organization that norma receipts from activities rela support from gross investmacquired by the organizatio An organization organized | ited to its exempt f nent income and ui in after June 30, 19 | unctions - subject to on nrelated business tax 1975. See section 509 0 | certain e able inco (a)(2). (0 | exception ome (less Complete | s, and (2) no more tha s section 511 tax) from Part III.) | n 331/3 %of its | |
| 12 | X | An organization organized | • | • | - | | | earny out the numbers | |
| 12 | | of one or more publicly su | | • | - | | | | |
| | | | - | | | | | | |
| | Г | Check the box in lines 12a t | = | | | | • | = | |
| а | L | Type I. A supporting orga | • | • | - | | • , , , | | |
| | | the supported organization | | | | ajority of | the directors or truste | es of the | |
| | Г | supporting organization. | - | | | | | | |
| b | L | Type II. A supporting org | • | | | | | · · · · · - | |
| | | control or management of | • • • • | - | the sam | e persor | is that control or man | age the supported | |
| | г | organization(s). You must | - | | | | | | |
| С | L | $\stackrel{	ext{X}}{=}$ Type III functionally integrates | | | | | | ly integrated with, | |
| | _ | its supported organizatior | | • | | | | | |
| d | | | | | - | | | - ' ' | |
| | | that is not functionally into | - | - · · · · · · · · · · · · · · · · · · · | - | | · · · · · · · · · · · · · · · · · · · | d an attentiveness | |
| | _ | requirement (see instruct | • | - | | | | | |
| е | | Check this box if the orga | | | | | | I, Type III | |
| | _ | functionally integrated, or | • • | | | • | | | |
| f | | nter the number of supported | _ | | | | | 2 | |
| g | | ovide the following information | | | I | | | | |
| | (i) N | Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see | |
| - | | A CHANDAID 1 | | above (see instructions)) | | ment? | instructions) | instructions) | |
| | 7.TT. | ACHMENT 1 | | | Yes | No | | | |
| (A) | | | | | | | | | |
| | | | | | | | | | |
| (B) | | | | | | | | | |
| | | | | | | | | | |
| (C) | | | | | | | | | |
| (D) | | | | | | | | | |
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| (E) | | | | | | | | | |
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| Tot | aı | | | | | | 400 500 | | |

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied for organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental publicly unit or 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 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). % 16a 331/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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

| Sec | tion A. Public Support | | | | | | |
|-----------|--|-----------------|-----------------|-----------------|------------------|------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 | | | | | | |
| 8 8 | Add lines 7a and 7b | | | | | | |
| 0 | line 6.) | | | | | | |
| Sec | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| _ | | (4) 20 | (2) 20:0 | (0) 20 10 | (4) 20 11 | (0, 20.0 | (1) 10101 |
| 9 10 a | 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 carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is form | - | | | | | |
| | organization, check this box and stop here | | | | | | ▶ 🔃 |
| | tion C. Computation of Public Supp | | | (0) | | T T | |
| 15 | Public support percentage for 2018 (line 8, | | | | | . 15 | % |
| 16 | Public support percentage from 2017 Sche | | | | | 16 | % |
| | tion D. Computation of Investmen | | | | | T . T | |
| 17 | Investment income percentage for 2018 (lin | | | | | | % |
| 18 | Investment income percentage from 2017 | | | | | | % |
| 19 a | 331/3% support tests - 2018. If the org | - | | | | | |
| | 17 is not more than 331/3%, check this | | | • | • • | • • • | <u> </u> |
| b | 331/3% support tests - 2017. If the orga | | | | | | |
| | line 18 is not more than 331/3 %, check | | | - | | | . — |
| 20 | Private foundation. If the organization | did not check | a box on line | 14. 19a. or 19b | o, check this be | ox and see insti | ructions |

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
 - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
|----------------|-----|-----|----|
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| to | 10b | | |

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Part IV Supporting Organizations (continued) Page 5

| rart | Supporting Organizations (continued) | | | |
|-------|--|---------|-------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | X |
| b | A family member of a person described in (a) above? | 11b | | Х |
| С | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | X |
| | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 4 | Did the directors trustees or membership of one or more supported erganizations have the newer to | | | |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| _ | | | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | _ | | |
| | | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | Х | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | - | | |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | Х | |
| • | | | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | | Х | |
| Casti | 11 0 1 2 | 3 | Λ | |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | structi | ons). | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | X The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see | instru | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| а | the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i> | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| h | Did the activities described in (a) constitute activities that but for the organization's involvement one or more | | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | | |
| 2 | - | | | |
| 3 | Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the expenization have the power to regularly expenit or elect a majority of the efficiency directors or | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 3a | | |
| L | | Ja | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | 26 | | |
| | or its supported organizations: if res, describe in Fait vi the role played by the organization in this regard. | 3b | | |

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| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | | | |
|---|----------------|-----------------------------|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization. | _ | | • |
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| · · · · · · · · · · · · · · · · · · · | 1d | | |
| d Total (add lines 1a, 1b, and 1c) | Iu | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | 2 | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. | 3 | | |
| | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions | 6 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 7 | | |
| Section C - Distributable Amount | 8 | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functionall | y integra | ted Type III supporting | g organization (see |
| instructions). | | | ' |

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Sect | on D - Distributions | Current Year | | |
|------|--|-----------------------------|--|---|
| 1 | Amounts paid to supported organizations to accomplish ex | | | |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | the organization is resp | onsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2018 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| | Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
| 1 | Distributable amount for 2018 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2018 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2018 | | | |
| а | From 2013 | | | |
| b | From 2014 | | | |
| С | From 2015 | | | |
| d | From 2016 | | | |
| е | From 2017 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2018 distributable amount | | | |
| i | Carryover from 2013 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2018 from | | | |
| | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2018 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2018, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI . See instructions. | | | |
| 6 | Remaining underdistributions for 2018. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2019. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2014 | | | |
| b | Excess from 2015 | | | |
| С | Excess from 2016 | | | |
| d | Excess from 2017 | | | |
| е | Excess from 2018 | | | |

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

HISTORIC AND CONTINUOUS RELATIONSHIP

PART IV, SECTION A, LINE 1

UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC. (UBFI) HAS TWO SUPPORTED ORGANIZATIONS: UNIVERSITY AT BUFFALO (UB) AND UNIVERSITY AT BUFFALO FOUNDATION (UBF).

UB IS NAMED AS A SUPPORTED ORGANIZATION IN UBFI'S ORIGINAL CERTIFICATE OF INCORPORATION AND SUBSEQUENT AMENDMENTS. UBF IS NOT NAMED IN UBFI'S GOVERNING DOCUMENTS. HOWEVER, UBFI AND UBF HAVE A HISTORIC AND CONTINUOUS RELATIONSHIP.

UBFI AND UBF SHARE THEIR NAME AND HAVE BEEN CLOSELY ASSOCIATED SINCE UBFI WAS FORMED IN 1988. UBFI'S BOARD OF DIRECTORS IS COMPRISED OF A MAJORITY OF TRUSTEES OF UBF. SERVING THE NEEDS OF THE UNIVERSITY AT BUFFALO REQUIRES HIGHLY SPECIALIZED SKILLS IN STRATEGIC AREAS. TO MEET THESE NEEDS, UBF TOGETHER WITH UBFI AND 5 OTHER AFFILIATES PROVIDE AN ARRAY OF SERVICES FOR THE UB COMMUNITY.

TYPE III SUPPORTING ORGANIZATION

PART IV, SECTION D, LINE 3

UNIVERSITY AT BUFFALO'S PRESIDENT APPOINTS AT LEAST ONE BOARD MEMBER OF UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC. (UBFI). IN ADDITION, UBFI'S BOARD MUST BE COMPRISED OF A MAJORITY OF UNIVERSITY AT BUFFALO FOUNDATION'S BOARD MEMBERS.

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

TYPE III FUNCTIONALLY-INTEGRATED SUPPORTING ORGANIZATIONS

PART IV, SECTION E, LINE 1

UBFI ENGAGES IN AN ACTIVITY THAT SUBSTANTIALLY AND DIRECTLY FURTHERS THE EXEMPT PURPOSES OF UNIVERSITY AT BUFFALO (UB) AND THAT WOULD BE CARRIED OUT DIRECTLY BY UNIVERSITY AT BUFFALO, BUT FOR UBFI'S INVOLVEMENT. UBFI ORGANIZES AND 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.

AS A PREMIER PUBLIC RESEARCH UNIVERSITY, THE UNIVERSITY AT BUFFALO IS

ALSO HOME TO ONE OF THE NATION'S FIRST-AND MOST SUCCESSFUL-INCUBATORS OF

ITS KIND.

THE UB TECHNOLOGY INCUBATOR PROVIDES CRITICAL SUPPORT TO THE UB AND BUFFALO NIAGARA RESEARCH COMMUNITIES, GIVING EMERGING COMPANIES ACCESS TO KEY SERVICES INCLUDING FDA-COMPLIANT FACILITIES, OFFICE SPACE, WET LABS AND NETWORKING OPPORTUNITIES.

THE TECHNOLOGY INCUBATOR HAS PLAYED AN INDISPENSABLE ROLE FOR UB, HELPING THE UNIVERSITY MAKE SIGNIFICANT PROGRESS IN COMMERCIALIZING UB RESEARCHER INVENTIONS, PROVIDING OPPORTUNITIES FOR ECONOMIC DEVELOPMENT THROUGHOUT WESTERN NEW YORK, AND IMPROVING THE QUALITY OF LIFE FOR PEOPLE ALL OVER THE WORLD. THE UB FOUNDATION SUPPORTS THE TECHNOLOGY INCUBATOR, WHICH IS LOCATED IN BAIRD RESEARCH PARK ACROSS FROM UB'S NORTH CAMPUS, THROUGH AN INNOVATIVE PARTNERSHIP BETWEEN NEW YORK STATE, UB AND UBFI.

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

| | | | | ATTACHMENT : | 1 |
|--|-------------|---------------|--------|---------------|----------------|
| SCHEDULE A, PART I - INFORMATION ABOUT | SUPPORTED C | RGANIZATIO | NS | | |
| | | (III) TYPE OF | (IV) | (V) AMOUNT OF | (VI) OTHER |
| (I) NAME OF SUPPORTED ORGANIZATION | (II) EIN | ORGANIZATION | YES NO | SUPPORT | SUPPORT AMOUNT |
| UNIVERSITY AT BUFFALO | 14-6013200 | 6 | Х | 490,788. | 0. |
| UNIVERSITY AT BUFFALO FOUNDATION | 16-0865182 | 7 | Х | 0. | 0. |
| TOTAL AMOUNT OF SUPPORT | | | | 490,788. | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization UNIVERSITY AT BUFFALO FOUNDATION

INCUBATOR, INC.

Employer identification number

16-1301210

| INC | CUBATOR | , INC. | | | 16-1301210 |
|-----|--------------------|--|--|-------------------------------------|--|
| Pa | | Organizations Maintaining Donor A | | | Accounts. |
| | C | Complete if the organization answer | <u>ed "Yes" on Form 990, Pa</u> | ırt IV, line 6. | |
| | | | (a) Donor advised | funds | (b) Funds and other accounts |
| 1 | Total nur | mber at end of year | | | |
| 2 | Aggrega | ate value of contributions to (during year |) | | |
| 3 | Aggrega | ate value of grants from (during year) | | | |
| 4 | Aggrega | ate value at end of year | | | |
| 5 | Did the | organization inform all donors and don | nor advisors in writing that | the assets held | |
| | funds are | e the organization's property, subject to | the organization's exclusive I | legal control? | Yes . No |
| 6 | | organization inform all grantees, donors | | | |
| | | charitable purposes and not for the be | | | |
| | | ng impermissible private benefit? | | | Yes No |
| Pa | | Conservation Easements. | LID4 II E 000 B | | |
| | | Complete if the organization answer | | | |
| 1 | | e(s) of conservation easements held by | - ' | 7 | |
| | | reservation of land for public use (e.g., | recreation or education) | 7 | of a historically important land area |
| | | rotection of natural habitat | | Preservation | of a certified historic structure |
| _ | | reservation of open space | | | |
| 2 | | te lines 2a through 2d if the organization | n held a qualified conservation | on contribution in | Held at the End of the Tax Year |
| | | ent on the last day of the tax year. | | | |
| а | | mber of conservation easements | | | 2a |
| b | | reage restricted by conservation easeme | | | 2b |
| С. | | of conservation easements on a certific | | | 2c |
| d | | of conservation easements included in | | | 24 |
| 2 | | structure listed in the National Register | | | 2d |
| 3 | tax year | of conservation easements modified, t | ransferred, released, extingu | usnea, or termin | lated by the organization during the |
| 4 | - | of states where property subject to cor | econyation easoment is located | d > | |
| 5 | | e organization have a written policy | | | ion handling of |
| J | | is, and enforcement of the conservation | | | - |
| 6 | | I volunteer hours devoted to monitoring, ins | | | |
| U | | volunteer nours devoted to monitoring, ins | pecting, nanding of violations, a | and emorcing con | iservation easements during the year |
| 7 | Amount | of expenses incurred in monitoring, insp | ecting handling of violations | and enforcing co | onservation easements during the year |
| • | ▶ \$ | от отретове тоштов тотто то | | , a.i.a o.i.i.g o. | oneen anon eacontoine aaring and year |
| 8 | · · · | ach conservation easement reported on lin | ne 2(d) above satisfy the requi | irements of secti | on 170(h)(4)(B)(i) |
| | | tion 170(h)(4)(B)(ii)? | | | |
| 9 | | XIII, describe how the organization repo | | | |
| | | sheet, and include, if applicable, the te | | | |
| | | ation's accounting for conservation ease | | | |
| Pa | | Organizations Maintaining Collection | | | r Similar Assets. |
| | C | Complete if the organization answer | ed "Yes" on Form 990, Pa | ırt IV, line 8. | |
| 1a | If the or | rganization elected, as permitted under of art, historical treasures, or other sin | SFAS 116 (ASC 958), not | to report in its | revenue statement and balance sheet |
| | works of | of art, historical treasures, or other sir ervice, provide, in Part XIII, the text of the | nilar assets held for public e footnote to its financial stat | exhibition, edu tements that des | cation, or research in furtherance of scribes these items |
| b | • | rganization elected, as permitted under | | | |
| - | works of public se | of art, historical treasures, or other sinervice, provide the following amounts re | nilar assets held for public lating to these items: | exhibition, edu | cation, or research in furtherance of |
| | | enue included on Form 990, Part VIII, lin | | | |
| | | ets included in Form 990, Part X | | | |
| 2 | | rganization received or held works of | | | |
| | following | g amounts required to be reported unde | r SFAS 116 (ASC 958) relation | ng to these item: | s: |
| а | Revenue | e included on Form 990, Part VIII, line 1. | | | |
| b | Assets ir | ncluded in Form 990, Part X | | | ▶\$ |

Page 2 Schedule D (Form 990) 2018

| Pa | rt III Organizations Maintaini | ng Collections of | f Art, Histo | rical Tre | asures, | or Other | Similar Assets (| continued |) | |
|-----------|---|---------------------------------------|-----------------|--------------|----------------|-------------------------|----------------------|---------------|---------------------|--|
| 3 | Using the organization's acquisition | on, accession, and | other recor | ds, check | c any of | the follow | ving that are a sign | nificant use | of its | |
| | collection items (check all that app | ly): | | _ | | | | | | |
| а | Public exhibition | | d | Loan | or exchan | ge progra | ms | | | |
| b | Scholarly research | | e | Other | | | | | | |
| С | Preservation for future gene | rations | | | | | | | | |
| 4 | Provide a description of the organ | nization's collection | s and expla | ain how t | hey furth | er the or | ganization's exemp | t purpose | in Part | |
| | XIII. | | | | | | | | | |
| 5 | During the year, did the organization | | | | | | - | | | |
| | assets to be sold to raise funds rath | | tained as pa | rt of the o | organizati | on's colle | ction? | Yes | No | |
| | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. | | | | | | | | | |
| 1 a | Is the organization an agent, truste | | | | | | | | | |
| | included on Form 990, Part X? | | | | | | | Yes | No | |
| b | If "Yes," explain the arrangement i | n Part XIII and com | plete the fo | lowing tab | ole: | | | | | |
| | | | | | | | Amount | | | |
| С | Beginning balance | | | | | С | | | | |
| d | Additions during the year | | | | | d | | | | |
| e | Distributions during the year | | | | | e | | | | |
| f | Ending balance Did the organization include an am | | | | | f | account liability? | Yes | No | |
| | If "Yes," explain the arrangement i | | | | | | | | | |
| | rt V Endowment Funds. | II Fait Alli. Check i | iere ii tire e. | фіапацоп | ilas Deel | i provid e d | OII FAIL AIII | | | |
| · a | Complete if the organiza | ation answered "Y | es" on For | m 990. F | Part IV. li | ne 10. | | | | |
| | o o mpro o more o rigenime | (a) Current year | (b) Prio | | | ears back | (d) Three years back | (e) Four year | ars back | |
| 1.0 | Paginning of year balance | (1, 11 1, 11) | () | , | .,,,, | | (1) | (1) 11 71 | | |
| 1a | Beginning of year balance Contributions | | | | | | | | | |
| b | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| e | Other expenditures for facilities | | | | | | | | | |
| E | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage | of the current year | end halanc | e (line 1a | column (: | a)) held as | | | | |
| a | Board designated or quasi-endown | | | o (iiilo 1g, | 001011111 (0 | a)) Hold do | • | | | |
| b | Permanent endowment | % | _ | | | | | | | |
| С | Temporarily restricted endowment | <u>▶</u> % | | | | | | | | |
| | The percentages on lines 2a, 2b, a | and 2c should equal | 100%. | | | | | | | |
| 3a | Are there endowment funds not in | the possession of | the organiza | tion that | are held | and admir | nistered for the | | | |
| | organization by: | | | | | | | Ye | s No | |
| | (i) unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the relate | ed organizations list | ed as require | ed on Sch | edule R? | | | 3b | | |
| 4 | Describe in Part XIII the intended u | | ation's endo | wment fur | nds. | | | | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organize | u ipment. ation answered "\ | /es" on Foi | m 00∩ I | Part I\/ Ii | ine 11a ! | See Form 990 Pa | art X line | 10 | |
| | Description of property | | or other basis | | or other basis | | | d) Book value | | |
| | | (inve | stment) | , (o | ther) | ` depr | eciation | | | |
| _ | Land | | | | 96,101 | | 10.760 | | $\frac{,101.}{600}$ | |
| b | Buildings | | | | 75 040 | | 49,769. | | ,609. | |
| C | Leasehold improvements | | | | 75,940 | | 70,512. | | ,428. | |
| d | Equipment | | | 4 | 18,677 | . 3 | 67,873. | 50 | ,804. | |
| e Tota | Other I. Add lines 1a through 1e. (Column | | m 000 Port | Y colum | n (R) lina | 100 \ | | 922 | ,942. | |
| ı Uld | m naa iiro ra tiirougit 18. (Colullii | ı (u) ınusı c yual FUI | ııı əəu, rail | A, COIUIIII | יוווו , נשו י | 100./ | | 2 4 4 | , , , , , | |

Schedule D (Form 990) 2018 Page **3**

| Part VII Investments - Other Securities. Complete if the organization answered | l "Yes" on Form 990 | , Part IV, line 11b. See Form 990, Part X, line 12. |
|--|----------------------|---|
| (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| (including name of security) | | Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII Investments - Program Related. | | |
| | "Yes" on Form 990, | , Part IV, line 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX Other Assets. | l "Yes" on Form 990, | , Part IV, line 11d. See Form 990, Part X, line 15. |
| (a) De | scription | (b) Book value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) Total. (Column (b) must equal Form 990, Part X, col. (B) li | ino 15) | |
| | irie 15.) | |
| | I "Yes" on Form 990 | , Part IV, line 11e or 11f. See Form 990, Part X, |
| 1. (a) Description of liability | (b) Book value | e e |
| (1) Federal income taxes | | |
| (2) LOAN FROM UB FOUNDATION | 1,264,1 | |
| (3) PAYABLE TO UBFA | 139,6 | 518. |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) Total. (Column (b) must equal Form 990. Part X col. (B) line 25.) | ▶ 1,403,8 | 308. |

^{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

Schedule D (Form 990) 2018 Page **4**

| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
|---------|--|----------|----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 512,291. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments 2a | | |
| b | Donated services and use of facilities | | |
| | Recoveries of prior year grants | | |
| C C | Other (Describe in Part XIII.) | 1 | |
| d | Add lines 2a through 2d | 2e | |
| e | Subtract line 2e from line 1 | 3 | 512,291. |
| 3 | | | · · |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7h | | |
| a | investment expenses not included on Form 550, Fait Vin, inc 75 : 1 : 1 : 1 | | |
| b | Other (Describe III at All.) | 4c | |
| с 5 | Add lines 4a and 4b | 5 | 512,291. |
| Part | | _ | , |
| Tart | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ai i i . | |
| 1 | Total expenses and losses per audited financial statements | 1 | 490,788. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | | |
| b | Prior year adjustments | | |
| С | Other losses | | |
| d | Other (Describe in Part XIII.) | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 490,788. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| · | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| b | Other (Describe in Part XIII.) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.). | 5 | 490,788. |
| Part | XIII Supplemental Information. | | |
| 2; Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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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), (A)(2), OR (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, 2019 OR 2018.

UNIVERSITY AT BUFFALO FOUNDATION

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNIVERSITY AT BUFFALO FOUNDATION

Employer identification number 16-1301210 INCUBATOR, INC. Part I Questions Regarding Compensation

| | | | Yes | No | |
|----|--|----------|-----|----|--|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef) | | | | |
| h | 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 | 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 on 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | | |
| а | | 4a | | Х | |
| b | | 4b | | X | |
| С | | 4c | | X | |
| | | | | | |
| | | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any | | | | |
| | compensation contingent on the revenues of: | | | | |
| а | The organization? | 5a | | X | |
| b | Any related organization? | 5b | | X | |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | | |
| 6 | | | | | |
| | | | | | |
| а | | 6a 6b | | X | |
| b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix payments not described on lines 5 and 6? If "Yes," describe in Part III. | | | | |
| | · | | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed | | | v | |
| | | 7 | | X | |
| 8 | Were any amounts reported on 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 | | | Х | |
| 0 | in Part III | 8 | | | |
| 9 | | 9 | | | |
| | Regulations section 53.4958-6(c)? | 9 | | | |

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

Schedule J (Form 990) 2018

UNIVERSITY AT BUFFALO FOUNDATION 16-1301210

Schedule J (Form 990) 2018 Page 2

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

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

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

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC 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) | in column (B) reported as deferred on prior Form 990 |
| EDWARD SCHNEIDER | (i) | 0. | 0. | 0. | | | | |
| 1EXECUTIVE DIRECTOR | (ii) | 239,251. | 0. | 0. | 31,865. | 21,311. | 292,427. | |
| | (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) | | | | | | | |
| | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |

UNIVERSITY AT BUFFALO FOUNDATION 16-1301210

Schedule J (Form 990) 2018

Part III Supplemental Information

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

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.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

UNIVERSITY AT BUFFALO FOUNDATION Employer ide

Name of the organization UNIVERSITY AT BUFFALO FOUNDATION INCUBATOR, INC.

Employer identification number 16-1301210

ORGANIZATION'S MISSION

FORM 990, PART I

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.

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 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)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

UNIVERSITY AT BUFFALO FOUNDATION

Employer identification number 16-1301210

INCUBATOR, INC.

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

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

| (a) Name, address, and EIN of rela | ated 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) rolled tity? |
|--|-------------------|--------------------------------|---|----------------------------|--|-------------------------------|-----------|-------------------------------------|
| | | | | | | | Yes | No |
| (1) UNIVERSITY AT BUFFALO FOUNDATION, IN | 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) | 7 | N/A | | X |
| (4) UBF FACULTY - STUDENT HOUSING CORP. | 16-1372560 | | | | | | | |
| BOX 900 | BUFFALO, NY 14226 | EDUCATION SVC | NY | 501(C)(3) | 10 | N/A | | X |
| (5) UNIVERSITY AT BUFFALO | 14-6013200 | | | | | | | |
| CROFTS HALL | BUFFALO, NY 14226 | EDUCATION | NY | GOVT | 6 | N/A | | X |
| (6) | | | | | | | | |
| | | 1 | | | | | | |
| (7) | | | | | | | | |
| | | 1 | | | | | | |

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 2

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

| (a) 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 | n) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | Gene man | eral or aging tner? | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------|---|---------------------------------|--|---------|-----------------------------|---|-------------|---------------------------|--------------------------------|
| | | oounity) | | | | | Yes | No | | Yes | No | |
| (1) NONE | | | | | | | | | | | | |
| | | | N/A | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _(6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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 | 512(l | (i) ction b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|---------------------------------------|--------------------------------|----------|---|
| | | | | | | | | Yes | No |
| (1) 248 NORTH LONG STREET, INC. 16-1264031 | | | | | | | | | |
| BOX 900 BUFFALO, NY 14266 | RESIDENTIAL | NY | UBFI | C CORP | 53,753. | 564,863. | 100.0000 | Х | |
| (2) | _ | | | | | | | | |
| (0) | | | | | | | | \vdash | |
| (3) | - | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | \vdash | |
| (5) | 1 | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | \vdash | |
| 1.1 | 7 | | | | | | | | |

Schedule R (Form 990) 2018

| | 5 K (1. 6111 666) 26 F | | | | | . ago e |
|------------|--|----------------------------------|-------------------------------|-------------------|--------|---------|
| Part ' | Transactions With Related Organizations. Complete if the organization answered "Yes" on | Form 990, Par | rt IV, line 34, 35b, or 36. | | | |
| Note: | Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | Y | 'es 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? | [| | |
| a F | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | | | 1a | Х |
| b (| Sift, grant, or capital contribution to related organization(s) | | | | 1b | X |
| | Sift, grant, or capital contribution from related organization(s) | | | | | Х |
| | oans or loan guarantees to or for related organization(s) | | | | 1d | X |
| | oans or loan guarantees by related organization(s) | | | | 1e | X |
| f [| Dividends from related organization(s) | | | | 1f | Х |
| | Sale of assets to related organization(s) | | | | 1g | Х |
| | Purchase of assets from related organization(s) | | | | 1h | Х |
| | exchange of assets with related organization(s) | | | | 1i | Х |
| | ease of facilities, equipment, or other assets to related organization(s) | | | | 1j | Х |
| k l | ease of facilities, equipment, or other assets from related organization(s) | | | | 1k | Х |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | Х |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | Х |
| | Charing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | Х |
| | Sharing of paid employees with related organization(s) | | | | | Х |
| | maning of paid omployood man folded digamedian(d) | | | | | |
| n F | Reimbursement paid to related organization(s) for expenses | | | | 1p | Х |
| - | 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 l | the answer to any of the above is "Yes," see the instructions for information on who must complete this line | e, including cove | ered relationships and transa | ction thres | holds. | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | Method o amour | | - |
| | | | | | | |

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-----------------------------------|----------------------------|------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

Schedule R (Form 990) 2018

Page 4

Schedule R (Form 990) 2018

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 | income (related, nrelated, excluded from tax under organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership | |
|---|-----------------------------|---|---|---|----|---------------------------------|--|-----------------------------------|----|---|----------------------------------|----|--------------------------------|--|
| (4) | | | sections 512-514) | Yes | No | | | Yes | No | | Yes | No | | |
| _(1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |

Schedule R (Form 990) 2018 Page 5

Part VII Supplemental Information

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